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MENTAL HYGIENE AND ADJUSTMENT

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Volume VI

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MENTAL HYGIENE AND ADJUSTMENT

(Literature reviewed to approximately January 1, 1936)

Prepared by the Committee on Mental Hygiene: Willard C. Olson, S. L. Pressey, Percival M. Symonds, J. Harold Williams, and Harry J. Baker, *Chairman*; with the cooperation of John P. Anderson, John J. B. Morgan, and George S. Stevenson.

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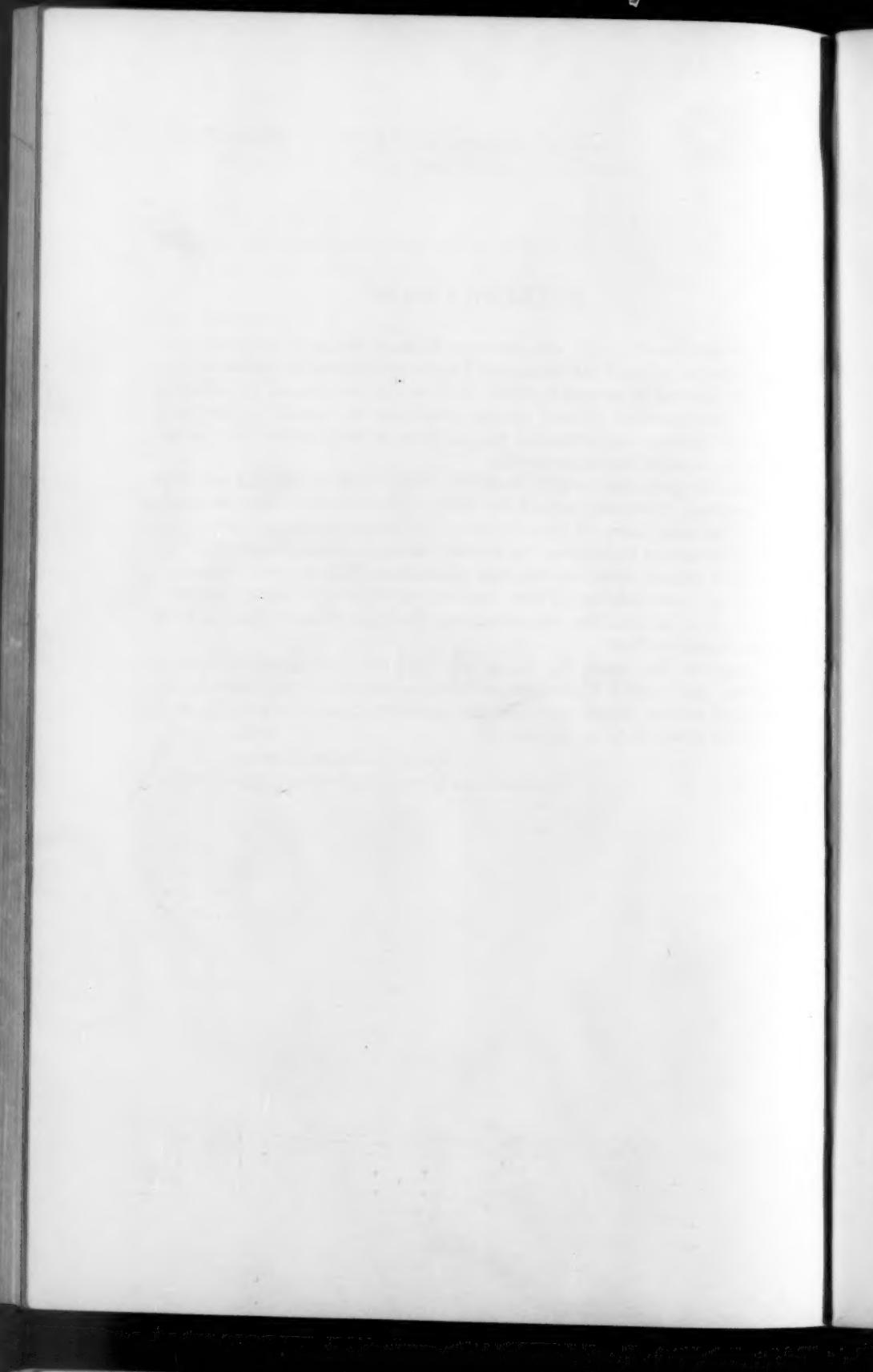
INTRODUCTION

ALTHOUGH PRACTICALLY ALL TOPICS or fields of education have been covered twice in cycles of the *Review of Educational Research*, this is the first number devoted to mental hygiene. As a former member of the editorial board, the chairman pointed out the possibility of mental hygiene as a topic for review, and somewhat true to form in such matters he was assigned to a committee to prepare it.

Mental hygiene has a wider scope than many of the traditional activities of education. It extends beyond the limits of subjectmatter into the whole life of the child. Many of these non-school influences are apparently as important as school in molding the lives of children, although education has been only vaguely aware of their true significance. This *Review* is dedicated to a better understanding of these factors and of their influence upon children, and to the goal that education may develop a broader base so as to better capitalize them.

George S. Stevenson, M. D., of the National Committee for Mental Hygiene, and John J. B. Morgan, of Northwestern University, have kindly prepared sections of this report for our committee. Special acknowledgment is hereby given them for this service.

HARRY J. BAKER, *Chairman,*
Committee on Mental Hygiene and Adjustment.



CHAPTER I

Historical Development and Modern Trends

TODAY the term, "mental hygiene," is familiar in the idiom of teacher, doctor, judge, social worker, nurse, and even minister. There is probably no other special tool of speech that is used as much in common by these groups. There is, therefore, none more promising to use as a bridge to span the gaps between their fields. The concepts underlying the term "mental hygiene," to be sure, are not entirely agreed on, but there is enough uniformity to allow it to serve as a vehicle of intercommunication.

This is rather a remarkable fact when one considers that at the opening of the century, the term was unknown. The knowledge which mental hygiene has come to include was then found in the frontiers of several isolated professional fields working almost independently to advance their scientific borders. These fields—education, medicine, theology, social work, etc.—were isolated from each other because they started from what seem to be discrete human problems—ignorance, illness, bewilderment, and poverty, whose full relationship to each other is not obvious. The activities that mental hygiene has now come to represent were earlier the unratinalized and intuitive expressions of genius rather than scientific formulations. They are such things as Burnham discussed in his *Great Teachers and Mental Health* (6). But the trend of every live profession is to rationalize its intuitions through scientific method. The different scientific forefronts and the variously worded principles laid down by different professional leaders had so much in common in their fundamentals that a single term "mental hygiene" reflecting the needs for happy, productive living, of the whole person, not just the condition of his heart, lungs, etc., was seized upon readily. Since then the interchanges of these various fields have been much more striking and there is no one of them but finds itself progressing faster because it is enriched by facts and ideas that it has taken over from the others.

Another influence must be recognized as setting the stage for the acceptance of the pervading concept of mental hygiene. At the same time that mutual interests were being discovered in the professional fields, the professional people were being forced farther and farther apart by the growing bulk of scientific fact and the need for specialization and division of labor to retain control of this fact. There was need for a unifying device to compensate for the insufficiency of human scholarship. The term "mental hygiene," helped counteract this dispersion because it described the common objective toward which each was working.

Most important of all is the fact that the concept, mental hygiene, helps the scientist to retain the lay and the primitive perspective and appreciation

of the person as a unified creature. Professions are interested in the behavior of man's parts or his organs chiefly as these parts influence man's dealing with life's demands. Narrower scientific perspectives have often blinded us. We are forcing ourselves to get over the idea that a child can be a purely health consideration on Thursday, a learner on Friday, a player on Saturday, and a prayer on Sunday, or that he grows from birth to five, learns from five to twenty, and works from then on. We discount the idea that a teacher's life from 4 p. m. to 8 a. m. is her own private concern apart from her teaching. We have found that all these functions go on inseparably at all times, in complete mutual dependence, and that we have effected these divisions artificially in order to simplify a complexity that is life itself.

Receptivity to mental hygiene has thus been aided by these three circumstances: (a) the overlapping of fields through scientific growth; (b) the demand for a unifying instrument in the face of specialization and division of labor; and (c) the need for a broadened scientific perspective on human integration. It will perhaps be of value to inspect briefly the early life and parentage of mental hygiene in more detail because an understanding of its genesis will clarify its meaning.

Milestones in the Evolution of Mental Hygiene

In its overt form mental hygiene was first concerned with the care of the mentally ill. It came to include certain facts and practical standards that could be used to combat obvious defects in the treatment of these unfortunates, such as overcrowding, antiquated methods of treatment, physical restraint, insufficient staff, fatalistic attitudes, and harmful methods of legal commitment.

This interest in the institutionalized psychotic naturally led, as a second step, to the closely related needs of the mentally defective and drew into mental hygiene such information as would influence both institutional and community control of those so handicapped. It was at this point that the first overt connections with the field of education took place, for community control was to a large degree dependent on preparation for community living. The special class in the public school was designed to provide a large part of this preparation.

The relation of mental deficiency and psychopathology to crime made it imperative that mental hygiene should embody pertinent fact in the field of criminology, at first looking toward a better understanding of the individual criminal, later toward treatment and prevention. Preventive mental hygiene has been expressed, for the most part, as the individual approach as contrasted to the public health approach. It has been conceived of, however, as a complement rather than an alternative to the mass attack. The individual study and treatment of the delinquent were at first applied at the beginning of his law breaking, but these efforts soon revealed the greater strategy of attacking before the overt stage. The attack thus

became a non-specific approach through treating the disorders of behavior and personality of children, rather than through overt infractions of the law. One could not tell in many cases whether or how much one might be dealing with a developing criminal or psychotic or both. The development of the child guidance clinic was a direct response to this demand for a preventive approach to delinquency by careful individual study at the earlier stage.

The individual study of cases, furthermore, gave unprecedented evidence of the mass social defects that produce individual deviation, and supported the principle that prevention must be communitywide (4). While there is a tendency to draw into mental hygiene these broader sociological elements and certain elements of classroom organization give promise in this direction, little progress has been made to date beyond the individual approach. This communitywide concept of prevention leads logically to the viewpoint that mental hygiene is achievable only through the success of many community agencies. Only so far as schools, social agencies, health agencies, courts, and recreational centers, including industry, succeed in developing human potentialities and refine their scientific foundations and technical methods, can mental hygiene progress.

Mental hygiene has become enmeshed with education at several points. The early interest in the mental defective led directly to the special class and the whole testing movement. The child guidance clinic was jointly sponsored with the visiting teacher movement by the Commonwealth Fund and found its most consistent sponsors among school men. Mental hygiene services to college students and studies of mental health implications in the training and selection of teachers do not by any means complete the list.

The serious shortage of personnel created by these applications of new and borrowed fact, and the new functions added to old professions have had much to do with changes in professional education: social work, psychiatry, nursing, theology, law, have all become more dynamic and more therapeutic. More recently, in line with the whole community concept, general medicine and public health have tended to accept their responsibilities for influencing mental health (2). Meanwhile, steady progress in teacher-training institutions has been made through absorbing these accumulations of other fields routed through the channel of mental hygiene (11).

While the popularization of new scientific developments, concepts, and technics as they pass from one field to another has often savored of a vogue, the general tendency of mental hygiene has been a critical scientific eclecticism and a diminution in the identification of mental hygiene with any one of the disciplines. Psychiatry is tending to see its own ambitions realized only as other professional fields assume quasi-psychiatric functions (10). This has encouraged a greater openness on the part of professions toward the acceptance of facts bearing on mental health regardless of their source.

Cultural Relationships of Social Problems Demanding Mental Hygiene

The needs to which mental hygiene is a response are found primarily in the field of criminology, psychiatry, social service, and education. Delinquency, mental disease, dependency, and school failure may in part be conceived of as the waste products of our existing unstable social structure and processes. This instability is not in itself a curse, but a very necessary requisite for progress. Any progressive achievement presupposes a degree of instability, that is, readiness to change. At the same time, the change may not always be for the better and if we want this capacity to progress, we must take the risks of instability; these social problems are in part the price. An extremely stable and adjusted society is static and does not progress.

The social consequences of the caste system have proved to be extremely unfortunate. In a static society regulated by a strict caste system, the place of each individual is fixed from the moment he is born and that place cannot be changed under any circumstance in this world and in this birth. This is a total negation of the dignity of man, as a man, and the democratic principle of individuality. It entails terrible loss for the society in every direction. It runs counter to the principle of selection which reigns supreme in nature. It gives a sort of stability to society provided the habit of "no questions asked" is inculcated. For that reason it kills all initiative and men lose their faith in effort and the pernicious doctrine of fatalism rules supreme (3).

A parallel to unstable productive social structure is seen in plant breeding where instability brought about through crossing results in a few valuable new hybrids, but only at the cost of many that are useless (cf. delinquency, mental disease, school failure, poverty) which must pass into the discard. Accordingly we are at present attempting to transform social waste products into innoxious debris (cf. custody) where conversion into valuable by-products (cf. social rehabilitation) is unattainable.

There always have been differences in the way these social problems have been met, differences due to arbitrary or empirical principles, but during the past two centuries scientific progress has affected the very foundations of these arts and induced some generally accepted procedures. The evolution of mental hygiene cannot be understood without some appreciation of these advances. In the central position are those sciences of human behavior: physiology which is concerned with the behavior of tissues, organs, and system of organs; psychology, taking up the sequence there and concerning itself with these systems combined into what we call a person; then sociology, dealing with the behavior of persons integrated into society; and finally culture carrying the sequence into the limbo of science. These sciences go by four names, but actually they are one continuous science of human function. Hand in hand with them the arts of pedagogy, medicine, criminology, and social work have made a parallel progress. While it is obviously impossible to discuss the advances made in each of these fields in detail, certain highlights can be selected as representing the primordium of mental hygiene.

Advances in the Sciences Contributing to Mental Hygiene

In physiology, scientific discoveries have thrown special light on human integration. The integrative value of the central nervous system has been further elucidated by new technical processes of microscopy and experimentation and it appears to be less the autocrat than had once been supposed. Tradition that the different traits of character are controlled by different parts of the brain has been shattered by careful research and study of cases of brain disease and injury. What remains of brain localization is concerned largely with specialized sensory and motor functions such as vision and not directly with derived, complex, or symbolic functions of character traits as Gall and the phrenologists would have had us believe. On the other hand, more generalized brain disorders, such as result from violence, defective growth, or infection are seen to disrupt or limit behavior in a more general way (1), and while specific motor and sensory functions may remain intact, the derived functions suffer. This has led, on the one hand, to the discovery of brain disorders previously unrecognized and, on the other, to mild mental states accompanying less serious anatomical lesions. The fiction that brain clot or pressure explains crime, mental defect, or insanity has been reduced physiologically to extremely narrow proportions compared to popular belief. Meanwhile, other integrating mechanisms of human conduct have become more evident. Our knowledge of the importance of metabolism and nutrition in affecting behavior has expanded. The glands of internal secretion have proved at times to be none too subservient vassals of the cerebro-spinal overlord, at other times too responsive. Here, also, the idea that this gland or that rules over a certain function has given way somewhat as the interrelationship between glands appeared. The definite response of cretinism (absence of thyroid gland) to thyroid feeding did much to stimulate study in this field and we are led to a better understanding of these glands of internal secretion and their effects on physical and personality development. Of importance to mental health also was the better understanding of the relationship between one's feelings and emotions and one's vegetative nervous system and behavior of one's organs (7, 14). It showed that we have to know about the affective life of the person with a stomach complaint and also about the stomach of the person with a grouch. Our norms of health and disease have been quite confused by these antics of organs in the face of difficult life situations. On the abnormal side, toxic and infectious conditions, fatigue and malnutrition have proved to be important for their upsetting effect on behavior generally as well as for their interference with the work of some particular organ. To put several of these advances on a practical basis, simple laboratory technics for measurement and diagnosis have been developed. Less and less can it be confidently stated that the disturbance of any particular organ, heart, lungs, eyes, stomach, leg, is separable from the total life situation of the person, both as to its causes and as to its effects (8). The gap between physiology and psychology has thus been closed and the separation relegated to the artificial.

Psychological advancement naturally was not separable from that in physiology; as it concerned the problems of delinquency, dependency and mental disease, and interferences with education, it came chiefly from the abnormal field. In all these there was built up a mass of fact showing how the later or adult behavior is genetically connected with earlier behavior or experience. These advances depended on the development of new methods. One method (psycholanalysis) rests largely on the memory of the subject (released from repression) and the interpretive capacity of the examiner. Psychoanalysis started out with mentation as an unexplained fact to be taken at face value. In general, it attempted to make little connection with underlying physiological functions excepting in such efforts as those of Alfred Adler who pointed out the psychic meaning of bodily defects. Even then, the psychological mechanism did not join hands with the physiological. Contrasted to this, though not conflicting seriously with it, was objective psychology which rejected the postulation of the mind and sought an understanding of behavior through simpler and related reactions and circumstances. Thorndike and Pavlov striking independently from distant beginnings opened points of identity of two fields, psychology and physiology. William James and his pupil, G. Stanley Hall, instilled a fluidity into current thinking and by encouraging practical applications forged permanent links between psychology and education.

Contrasted to this dynamic psychology, which was concerned chiefly with changing emotional responses, was the progress in measuring intellectual and later other mental capacities. This greatly facilitated the acceptance of individual differences as a prime fundamental to planning for healthy mental development. Impetus for this was provided by Binet, of course preceded by the spade work of others. Analytical and experimental work in the field of education gave an appreciation of the learning process that was needed in order to use our knowledge of these differences. The classification of soldiers during the war not only gave publicity to testing methods, but offered an opportunity for their refinement and evaluation. It also prepared personnel for the coming demands of the clinical field. The contrast of the dynamic and appraisal psychology today again is breaking down on all sides, the interests and technics of one being carried over abundantly to the procedures of the other. The institution for mental defectives is finding more and more of its cases understandable only in terms of a dynamic psychopathology and in the light of a better appreciation of dementia praecox.

None of these biological fields is well delineated. In consequence of this we constantly find the workers of one contributing to the other. Much of the advance of sociology is attributable to this proximity to other sciences. Sociologists have organized and refined material thus acquired besides adding to it out of their own store of fact and procedures. Studies of the theory and genesis of law and mores are basic to a consideration of the needs of the violator and the one protected. The improvement of technics

of social examination in line with revelations of biological functions of family and community, broadened the perspective on the individual to a point where he could be rationally treated. The indirect attack on social problems would have been blind without such a guide, and prevention through community organization would have been inconceivable.

Technical Advances Contributing to Mental Hygiene

Advances in the technical fields have resulted from progress both in the sciences basic to human function and in empirical technics and refinements of technical organization. In every case the movement was from the mass, toward the individual approach and often back again toward mass application of things discovered by individual approaches. It was from the developed situation to the full-blown problem to the incipient one, from the mere detection of problems (diagnosis) to their correction (treatment) and their anticipation (prevention). Progress has also been from indirect, manipulatory, environmental approaches to direct utilization of the individual's capacity to progress on a more voluntary basis. In all fields there is more or less of a tendency today to be moved not merely by people who are sick or in trouble or who are irritating society, but by well people whose resources have been allowed to go to waste. Pedagogy, psychiatry, criminology, and social work have all had a part to play in this more positive effort. But criminology, psychiatry, and social work are bound to be largely occupied with custody, treatment, and prevention. Pedagogy, pediatrics, and public health are coming to be recognized as the fields par excellence for the positive conservational effort. The genetic studies of social problems has led invariably to this conclusion.

The diagnostic, remedial, and preventive aspects of schoolwork have contributed much to the evolution of mental hygiene. The consideration of sensory and motor handicaps in relation to learning has provided experience that bears on the determination of human behavior generally. Special educational programs to provide segregation for the protection of the majority or better to meet special defects and needs of those segregated has brought forth general principles of individualization that proved to be generally applicable not only to other school children but to other fields. Identical principles have been elicited in other fields in a way that has given further support to the concept of oneness in the person. Some of these principles: spontaneity, the opportunity for the individual to grow along lines constructed by himself; directive supervision in which the direction is laid out for him to follow; imposed experience providing, in addition, the initiative from without, and securing of perspective through verbalization, call it confession if you will, have found their places in all these fields, often under differing names. Frequently, the preoccupation with one or the other of these methods has produced a one-sided approach, although the emphasis so effected has had value.

In all these fields and again particularly in the school, the rightness and wrongness of method has been accepted as relative (e. g., as to the time and place). The ideal Negro school in the South or the secondary school of 1900, are not accepted as appropriate for New York or 1936.

Similarly in psychiatry, the efforts of Beers (5) in the twentieth century were relatively more influential in the care of the insane than those of Dix in the nineteenth or Pinel in the eighteenth; because they were tuned to a period of social receivability, the world was ready for them. Also, the psychiatric classification of Kraepelin, which in the nineteenth century constituted an immense forward step in bringing order out of chaos, became the twentieth century strait-jacket of the institutional psychiatrist and has slowed up his progress in the direction of a genetic and dynamic concept of mental disorder, in the subordination of diagnosis to treatment and the inclusion of the community in his thinking about patients, and in mental disease as a social problem. Classification has given a false feeling of definiteness and has clouded the fact that each person is an experiment of nature that is never repeated. For each person nature has set up a different combination of circumstances of which the person and his behavior is the resultant. These circumstances include heredity, past experience, health, physical make-up, and all present life experiences and activities. They tell us what a reconstructive, preventive or even a positive approach must touch in order to effect growth; they force us to a very broad scope for mental hygiene. The development of the psychopathic hospital was an effort to get away from some of the constraints of previous forms of psychiatric organization; the development of the community (child guidance) clinic represented another. Pressure for improvement of the more backward state programs and for the certification of psychiatrists served more to relieve the field of a drag than to enhance the forefront. On the other hand, the steps to advance the teaching of psychiatry in medical schools buttressed the frontier of the field whose progress cannot proceed any faster than its provision of well-equipped personnel.

While the recording of certain factual data in connection with service to individual cases has long been routine, the conception of this "history" at its best, as in reality an examination of the patient through his past experiences, social situations and their reflections of him, was necessitated by the genetic concept. The utilization of this historical part of the examination as a method of treatment in itself grows very logically out of the concept that all experience is dynamic. The verbal review of the past and of the setting is such an experience that many have treatment value. This has become a milestone in the progress of social case work. At the same time, it is not characteristic of any one endeavor.

These scientific and technical changes that have been so intermingled in the various fields that they cannot be identified with any one have become the body and spirit of mental hygiene.

One cannot consider the development of mental hygiene during the past twenty years without appreciating the very important role of psychiatric social work. On the one hand, this new activity grew out of several pressing needs; on the other, it later related itself to phases of community service which contributed little to its origin. Out of the queries of psychiatry as to what happens to patients discharged from mental hospitals, and what environment and circumstances have contributed to their breakdown, out of the field investigations of those interested in the heredity of mental disease, out of the shortage of psychiatrists during the World War and the need to conserve their efforts through technically trained assistants, out of the inevitable yearning of social work to understand its clients, out of all these things and more came that combination of functions known as psychiatric social work. Several schools, notably Smith College and the New York School of Social Work, early established full training courses for psychiatric social work and thus gave it a professional definiteness that has afforded it security and courage to forge ahead. Once established, this training proved an unparalleled preparation in mental hygiene and opened a demand for those so trained as aids in other than the medical and social work field. As visiting teachers, probation officers, consultants in nursing agencies, in fact in practically every professional field using or working toward an individualized approach, the psychiatric social worker has been called on as a mental hygiene aid, and in this way the experiences and viewpoints of one field were made available to others. It then became evident that what appeared to be a specific preparation for a definite field was not so specific after all. The essentials of psychiatric social work representing the dynamics of human relationships were specific of nothing short of all professions dealing with people in need or in trouble. Today, therefore, several professional fields that formerly thought their foundations to be pretty distinctive are trying to clarify their boundaries. The presenting symptoms that used to distinguish them—poverty, illness, antisocial behavior, ignorance—are so often traceable to the same cause that the symptom cannot act alone as the distinguishing feature. The differences between the professions seem to lie more in the grasp of such specific things as degrees of disorder, laws, methods of organization, customs, and technical devices than in varying appreciations of human behavior.

Closely related to this development in social work is the viewpoint that the material or personal service contributed by the professional worker—the health formulas of the nurse, the treatment plan of the doctor, the lesson of the teacher, the financial or planning help of the social worker, and the protection of the juvenile court—require a technical approach that is in itself a very personal thing. This case work is needed both to make the formal contribution more effective and at the same time to preserve to the recipient the highest potentialities for growth and self-realization that he may be neither materially nor spiritually pauperized. This requires a fluidity in the professional organization which is not always an asset. It has to be tuned to the

stage of social progress of the community in order that it may not merely result in advantage for uninspired political opportunists. The juvenile court has suffered from this political interference and such procedures as commitment, individual study and classification, indeterminate sentence, parole, probation, and vocational training, all inherently sound, have so often worked in the wrong way because the right hands were not there to direct them.

All of these measures that call for flexibility and allow for the salvaging of special potentialities, person by person, require a high degree of security and general mental health on the part of those administering them, and to a degree of the community as a whole. In the absence of this security, the community becomes alarmed. It protests against the coddling of prisoners, the boondoggling of the unemployed, and the spoiling of children by progressive education.

The viewpoints and principles that have become identified with mental hygiene have found expression in the child guidance clinic. It was organized on the principle that the fields dealing with people in need or in trouble are not clearly separable. It thus combined in one staff the psychiatrist, psychologist, and social worker. It set up a mechanism, the case conference, whereby the examinations of these specialists were seen as merely parts of one large examining procedure, and out of which one plan of treatment emerged. It set up the same principle in relation to other community agencies, administratively separate from it, and called the principle "cooperative case work." Under this principle, the staff of two or more agencies dealing with the same case meet as one unit and plan together. It adhered to a high standard of professional training and its cooperative case work has tended to foster high standards elsewhere. It acted not only to help the case, but to give community leadership in mental hygiene generally—a public health leadership in the mental field. It has tended to insist on the assumption of mental hygiene responsibilities by other community agencies rather than to deal with all cases itself. As one clinic put it: "In so far as we are successful, the demands for our case services by other agencies will grow less and less." It is undoubtedly true that the period of greatest opportunity is not when the child has become a patient in need of clinic service, but while he is just a child in a family and a pupil in a school.

CHAPTER II

School Influences¹

THE REVIEWER saw something of the mental hygiene movement fifteen and more years ago. The present review naturally leads to comparison of that era and the present. Two changes seem notable: the development of research and even experimentation in the field, and the growing emphasis on the importance of the school in any adequate mental hygiene program. The research approach will be evident throughout this review, and the amount of material bearing on mental hygiene in the school will be evidence of the second point. Certain material, such as on motivation, may seem outside the field of mental hygiene, but seemed best included because of important relationships.

Mental Hygiene and Teacher Training

Ways in which the teacher's personal problems of unhappiness or insecurity and differences in social attitudes of teachers and pupils influence pupil-teacher relationships were discussed by Meredith (53). The author felt that the achievement of an objective point of view should be the teacher's goal. A plea for preventing the temperamentally unqualified from entering training schools for teachers was made by Townsend (76), who reported investigations indicating clearly the prevalence of emotionally unstable, neurotic, and even psychopathic personalities in public school teaching positions. "Studies have disclosed that the chances are almost 7 to 1 that in the course of 12 years of public school education a child will encounter at least 2 such maladjusted persons in the teacher's position." An elaborate study of characteristics by W. S. Phillips (64) included emphasis upon the importance of emotional adjustment and lack of neuroticism in selecting teachers.

Causes of teacher maladjustment were drawn from correspondence over a ten-year period with young teachers in four different training schools by an English writer, M. Phillips (63). These causes were grouped under nine heads:

1. Personal difficulties of a kind to be intensified rather than relieved by the strains and stresses of vocational training, and subsequently of professional life
2. Unsuitable placing of young teachers in their first posts
3. Unfavorable conditions of work such as inadequate buildings and equipment
4. The management of large classes and treatment of difficult individuals
5. The attitude of head teachers and older members of the staff toward young teachers

¹ The author wishes to acknowledge the assistance of Ruth Vendig, graduate student at the Ohio State University, in the preparation of this chapter.

6. Divergence of educational outlook and practice between generations
7. Social conditions in the school area
8. Insufficient leisure during the first two or three years of teaching life
9. Financial difficulties.

Items 4, 5, and 6 appeared to the author to be most important. Case studies illustrating each type were included.

An attempt to discover the relation between teacher and pupil stability was made by Boynton, Dugger, and Turner (18). Seventy-three fifth- and sixth-grade teachers, and 1,095 of their students selected at random, filled out the Woodworth-Mathews personal data sheet to which had been added twenty-five similar questions. In terms of this inventory, the pupils of the teachers who had the best mental health were more stable on the average than were the pupils of the most unstable teachers, although the student-teacher relationships had existed only about two to two and a half months prior to the study.

An outline of possible psychiatric contributions to teacher training, involving suggested courses of study and the set-up of an organization for promoting the mental health of students and staff, was furnished by Patry (61). Five pages of selected references are included. Suggestions as to how the teacher may aid in pupil adjustment by "an awareness of the significance of certain behavior tendencies in the young child" were made by C. W. Flemming (30). A case study is included. A course in personnel work was presented by Strang (72), from the standpoint of (a) the teacher's role in personnel work, (b) methods and information useful in the identification and solution of problems of students, and (c) technics which enable teachers to make effective contacts with students and to cooperate with specialists. From the psychoanalytic school, Homburger (38) claimed that knowledge of psychoanalytic concepts is a necessity for the teacher in understanding his pupils. Only thus (the contention is) can the teacher really understand what is back of the questions and acts of the pupils.

It has frequently been noted that the teacher who is uninformed in matters of mental hygiene is apt to emphasize as a problem case the child who is disobedient and difficult to control, while ignoring the quiet, withdrawn child who in reality may present a more serious problem from the mental hygiene point of view. Laycock (46) found this to be true of a group of Canadian teachers. He asked them to list items of undesirable behavior and to rate the seriousness of these acts; the ratings correlated $-.125$ with ratings of mental hygienists. However, Peck (62) found that the majority of the characteristics which teachers in his classes considered important in the selection of maladjusted pupils were really undesirable personality traits.

In short, the importance of the teacher as the outstanding factor in the mental hygiene situation in the school, and of both selection and training of teachers in the light of this fact, is becoming increasingly evident.

School Procedures and Mental Hygiene

There has been much desirable emphasis on the extent to which the routines of the school involve consequences in the field of mental hygiene. Four contributions from abroad are to be noted. From Switzerland has come a volume by Schohaus (67) on "the dark places of education" based upon replies written to the editor of a Swiss educational paper in answer to the question, "From what did you suffer most at school?" The results were more than interesting, stressing children's suffering from contempt and sarcasm, excessive demands, and corporal punishment. Valentiner (80) discussed the conflict arising as a result of the uniform demands of the school, the very different individualities of the pupils, and the possibilities of a therapeutic pedagogy. Heller (35) pointed out the adjustment problem in going from school to vocation, the numerous mental hygiene problems arising in school, and the need that the teachers should educate the public in mental, as they have in physical, hygiene. That the teacher may by such simple and natural acts as praise and recognition of good work (the praise, however, causing jealousy and antagonism on the part of the other pupils) cause life-long maladjustment of individual pupils is illustrated in a case study by Mey (54).

Myers (56) discussed practices found in schools, with an analysis of their desirability or undesirability from a mental hygiene point of view. Wile (84) stressed the importance of failure in school as leading to truancy and delinquency and presented the "challenge of childhood" to society, asking the educator and psychiatrist what is being planned that children may develop into adults who are not only physically sound but active intellectually, emotionally mature, and socially adequate. Washburne (83) supplied the educator's response to this "challenge of childhood" with a description of the progressive school's efforts to give the child a sense of security, outlets for energy, and opportunities for group participation and adequate personality development. Curiously, a summary of the work of the Winnetka schools is included.

C. W. Flemming (29) furnished an account of the guiding principles and technics employed in student adjustment at the Horace Mann School. The author considered such topics as functions of a division of psychological service and pupil adjustment, classification of pupils, problems of adjustment for individual children, integration of interests and activities of school staff for constructive effort toward pupil adjustment, the school's responsibility for superior children, and dynamic individual pupil records and reports.

The activity program of the Newark schools was reported by Trolan (78). The use of group projects in the first two grades has given the teacher time to study the child's individual problems, guide early school adjustment, and adjust work to ability so as to develop confidence and a feeling of security. Possible contributions of physical education to mental hygiene were emphasized by J. E. Davis (27).

Problems of evaluation of pupils' achievement are in great need of consideration by the mental hygienist with regard to their bearing on individual adjustment and motivation. A digest of the literature on marks and marking systems was made by Crooks (26) with consideration of such topics as purposes of marking, reliability of marks, ability grouping, and absolute standards. A bibliography of eighty titles is included. Hill (37) reported an analysis of the report card in present practice:

Variation in practice seems to be the distinguishing feature of the 443 report forms analyzed. . . . In general, the reports of the kindergarten, primary, and elementary grades are less formal and represent a more progressive educational outlook than the reports of the secondary schools. . . . The lower grade cards are more frequently informal in appearance and in the letter to the parents, more often unconventional in their marking systems, more concerned with character and health outcomes.

Three studies show interest abroad in these problems. Muchow (55) discussed the revision of scholastic reports in Germany, with consideration of the value of "psychological portraits" rather than formal marks. Two French investigators, Laugier and Weinberg (45), found French professors highly unreliable in examination grading. In addition to the usual findings of disagreement between graders they added this delightful bit, that a person totally ignorant of a subject could, after reading a few papers, turn in as reliable grades as professors of that subject. An investigation into the fears connected with examinations, which according to the above evidence might well be warranted, was made by Redl (66). The causes of such fear were classified, with stress upon such factors as the attitude of teachers and of parents, and "pathological fear." Such topics were discussed as the teacher's attitude toward such fears, means of preventing them, and underlying causes.

A discussion of school discipline from the developmental rather than the repressive point of view was offered by Huang (39). He stressed psychological causes and treatment with reference to characterological outcomes. The problem of school discipline in India as made particularly difficult due to the influence of political agitators, was discussed by Maiti (50), and a psychological viewpoint stressed.

The honor system, a device used in school administration, is of some interest from a mental hygiene point of view. Wahlquist (81) reported a survey of eighty-one major colleges and universities in the United States regarding their use of and attitudes towards the honor system. He found that the honor system is more often employed in private colleges than in public universities; that more institutions have used and abandoned this system than are now using it; that the most frequent cause of failure with this system is lack of student cooperation; and that it appears to be most apt to succeed in small professional schools and private colleges where it is supported by tradition.

Mathews (52) investigated the attitudes of students and faculty members of Ohio Wesleyan University toward academic honesty, by means of a personal opinion blank. The author found rationalizations employed to justify

almost any form of academic dishonesty in this university, where the honor system has been employed for twenty-five years, and interpreted his results as indicating that honor systems are ineffective.

Organization of Mental Hygiene Work

A detailed questionnaire study on the organization, personnel, training, practices, etc., in thirty-four psychoeducational clinics in colleges and universities was presented by Witty and Theman (86), who found that "very few institutions of higher education offer a curriculum and provide opportunity for clinical work which appear adequate to prepare individuals for mental hygiene and psychoclinical work." Cattell (23) reported the relations between psychologist, teacher, and physician, and the organization of the psychological clinic in British cities. Ide (40) discussed the organization of the Division of Special Education of the public school system of Philadelphia, with an account of the different types of problem children with which the division deals. Snedden (68) outlined the work of a psycho-educational and mental hygiene clinic. Newell (57) emphasized the importance of cooperation between home and school in the prevention of maladjustment.

McBee (49) stressed the need for a mental hygiene clinic in every high school. He attempted to evaluate the behavior problems, the methods of study, and the results, in connection with 328 normal adolescents in a Chicago high school dealt with in a demonstration mental hygiene clinic. Improvement occurred in 70 percent of those presenting scholarship problems, 83 percent of those presenting personality problems, and 100 percent of the delinquents. A plan for a mental hygiene unit in the high school was presented. The importance of a coordinated mental hygiene program in secondary schools was also emphasized by Zachry (87).

Williamson and Paterson (85) described counseling at the University of Minnesota where certain members of the faculty are appointed as advisers for problems of speech disorders, mental hygiene, social relationships, finances, and employment. Each adviser who gives this "out of routine" advice to students reports to a faculty-student contact desk in order to co-ordinate this work and prevent duplication in case a student should contact another adviser. The paper includes an analysis of 3,970 problems discovered and discussed by 287 faculty members in one week. The set-up of a college mental hygiene unit was outlined by Patry (60).

Motivation

An important summary of forty-two experimental studies dealing with the problem of incentives has been prepared by R. A. Davis and Ballard (28). The authors found that "investigation in this field was hardly known before 1920, when there is a marked increase in the amount of research which has been produced." Important conclusions may be summarized as follows:

When pupils are informed concerning the quantity and quality of their performance of tasks, effort and attitude are improved. Praise is more effective than reproof as an incentive, although any comment is better than a neutral attitude. . . . The presence of a co-working group has the effect of increasing the number of ideas and speed of the individual, but the quality of the thought processes is usually superior when the performer is working alone. . . . Individuals tend to improve to a greater extent when they are working for self than when working for the group of which they are members.

A study of the effects of a continued story, a game, reproof, praise, an Easter party, and delayed play upon drill in arithmetic in the fourth grade was reported by Warden and Cohen (82). The authors concluded that "these commonly used incentives are not as effective as might be supposed, at least insofar as the type of task investigated is concerned, when applied under schoolroom conditions. . . . The incentives used were mainly effective in inducing accuracy, and in many cases at the expense of speed."

A study of the effect of competitive motivation versus no given incentive upon addition and number comparison tests administered to 217 pupils in the sixth, seventh, and eighth grades has been made by Zubin (88). The author reported measurable improvement produced by the incentive. The effect of knowledge of results upon the performance in arithmetic drill of 138 children in Grades V A and VII A was reported by Brown (19), who found that practice with knowledge produced more continuous gains than practice without knowledge.

Forlano (32) compared the effects of individual competition and work for the group upon cancelation tests given thirty-four eleven-year-old children. The average child was found more highly motivated by the possibility of personal gain than by the incentive of helping his class or team score.

Mental Hygiene and Academic Progress

It has long been recognized that various factors besides ability affect schoolwork and make inaccurate prediction of school marks from intelligence tests alone. Stagner (69) reported correlations of some eight personality tests with academic grades and intelligence test scores, using college students as subjects. He concluded that personality factors have a definite influence on academic achievement. A bibliography of forty-five titles is included. E. G. Flemming (31) outlined a method of prediction of academic grades by a combination of intelligence test score, score on certain tests of emotionality and personality, and an estimate of emotional steadiness. Harris (33), in an analysis of results from 800 men entering the College of the City of New York, found that such factors as non-conformity in religious and other fields and extroversion were associated with school achievement lower than might be expected from intelligence test scores. An analysis of the relation of school success to introversion-extroversion in 120 primary-school pupils was made by Hendrickson and Huskey (36), who concluded that "it probably argues better for school success in intermediate grades to be ambiverted than to be either introverted or extroverted." A case study analysis of thirty-one students who had failed in secondary school

was reported by Karlan (42). The author concluded that emotional problems caused failure in students with high intelligence ratings. Counseling met with good success in these cases.

Character Education Methods

Several experimenters have attempted to investigate the formation of student attitudes. Kroll (43) administered Harper's scale for measuring conservatism-liberalism-radicalism to the boys in six twelfth-grade classes in history and English at the beginning and end of a semester. Three of these classes were being taught by teachers who were rated as conservative and the other three classes were being taught by teachers rated as radical. From data so gathered, the author concluded that "there is little foundation for the statement that conservative teachers indoctrinate conservatism. There seems to be some basis for the opinion that radical teachers are probably teaching the pupils to question the status quo."

Lichtenstein (48), using as subjects 900 children in the intermediate grades, attempted to determine the effects of stressing for a year in the teaching, two attitudes: (a) appreciation of outdoors, specifically in preference to moving picture shows; and (b) the so-called "scientific attitude." It was found that superstitions were reduced by the experimental procedure, but scientific attitudes and the preference for movies over outdoors, were not affected. Chen (25) attempted to measure the effect a single propaganda lecture produced on attitudes of college students. He found decided shifts of attitudes for or against the Japanese Manchurian policy.

A program of sex teaching developed by the Cincinnati Social Hygiene Society in cooperation with the Cincinnati schools, was discussed by Strain (71). Lectures on the physical and social aspects of maturation and reproduction are given to seventh- and eighth-grade children, and a more extensive course which includes talks on marriage and sex education of young children is provided for girls in senior home economics classes. Butler (22) investigated, by means of tests, the needs of 1,586 high-school students in understanding of child development and family relationships. A program was then set up involving the use by the students of observations of life situations, as well as reading materials, lantern slides, motion pictures, and photographs. Comparison of pupils given the program with control groups indicated significant gains not only in knowledge but also in self-reliance as measured by an attitude scale.

CHAPTER III

Community Influences

THE EFFECTS OF COMMUNITY INFLUENCES upon the mental health of any individual depend upon the mental stamina of that person. Thom (214) says: "There are, at any given moment, a vast number of individuals who are carrying on with apparent success, but who are just on the verge of an incapacitating illness. . . . There is probably for each and every individual a limit to the physical strain and the mental stress that he is capable of withstanding without reaching the breaking point."

Latham (150) went further and stated that the determining factor in personality development is not the influence of the environment but the attitude of the individual toward the environment. That these attitudes are, nevertheless, the result of interaction with environmental influences was pointed out by Kunkel (149) and Levy (152).

The relative emphasis given to the attitudes of the individual and to environmental influences varies with writers. C. M. Campbell (100) and Blatz (94) stressed the significance of the child's attitude, while Lewin (154) stressed the environment in his analysis of some of the forces which operate in child behavior and development.

Family Influences

It has come to be fairly agreed that the most significant forces in mental health are those which operate early in childhood and that family influences rank first in importance. The present researches in this connection are devoted chiefly to isolating the significant forces in the family environment and in determining the manner of their operation.

In reporting upon the White House Conference on Child Health and Protection, Burgess (97) pointed out that the externals of home life are not nearly so significant as personal relationships in their influence upon personality development of children, that the good home is not to be measured in terms of economic conditions, neatness, parental status, or parental control, but in terms of human responses.

These pronouncements seem to be substantiated by extensive studies made by Francis and Fillmore (124, 125). They reported a statistical investigation in which one group of thirty families from a wealthy area and another group of thirty families from a middle-class area were analyzed. They computed biserial correlations to discover any possible relationship between good and bad environmental factors and the personality adjustment of the children in the families studied. The environmental factors having apparently little or no statistical significance as to their influence on personality were nativity of parents, esthetic standards of the home, hygienic conditions

of the home, economic status of the home, broken homes, and unsupervised play space. Those environmental influences having significance were recreational clubs and the health of parents.

They found that the following parental attitudes had a statistical significance in relation to the child's personality: the parents' knowledge of schoolmates; the parents' knowledge of the child's games at school; the parents' attitudes toward the mixing of the sexes, toward discipline, toward the child's health, and toward education; the entertainments favored by parents; and employment of the parents.

Those attitudes of the parents which had little or no statistical significance as to their influence on the child's personality development were the parents' attitudes toward recreational facilities in the home, control of spending money, sex instruction, and the time spent with the children.

In other words, physical environment by itself was shown to be of comparatively little importance, whereas a number of the parental attitudes appeared to be significantly influential. Thus, the factors originally thought to be important, namely, poor economic conditions, broken homes, foreign-born parents, and physical sickness, had little effect on their own account. They found a tendency for harmful attitudes of parents to produce maladjustments in their children and for helpful attitudes to do the reverse. They concluded: "In each succeeding generation the importance of parental attitudes upon the child is paramount, and the influence of the social environment is felt through this channel rather than directly. Further, emotional swings are handed on from generation to generation in the same fashion, thereby forming a heritage to the child upon which the social environment can have little effect directly."

Most of the statements that can be found in current literature concerning the specific effect of various parental attitudes on the child are generalizations from case histories or general clinical observations. Stone and Hart (212) made a study of the first 100 mental cases at the maternal health center in Newark and found that at least half included anxiety neurosis in the wife, most of which resulted from a fear of pregnancy. They advocated a wider dissemination of contraceptive information to avoid this condition.

A study of the home conditions of 40 manic-depressive and of 68 dementia praecox patients revealed that a large proportion of the homes had unwholesome emotional conditions of one type or another (220).

A variety of suggestions are offered as to the type of home situations which are harmful and as to what should be done to improve them. Some of these offer speculative hypotheses which could well be tested. Most of these speculations are derived from psychoanalytic interpretations and not from experimental, statistical, or case history technics (123, 185). Some of these speculations are very pessimistic. For example, Crichton-Miller (109) asserted that the only solution is for teachers to be able to educate out of the child the mistakes made by the mother and father in the first five years.

Since the assumption is made that maladjustments in parents are influential in the personality development of children, the research of Johnson and Terman (144) in connection with the personality characteristics of happily married, unhappily married, and divorced persons is very timely. Outstanding traits of the happily married are emotional stability, social adaptability, conservatism, and tolerance. The unhappily married give evidence of neurotic and introvertive tendencies. Divorced women are self-reliant, independent, tolerant, and manifest initiative and vigor. Divorced persons, both men and women, have more intellectual interests than married persons.

These findings suggest that the most unfortunate home situation, so far as the mental health of the child is concerned, would be a home which, although externally intact, is filled with emotional discord.

In this same connection, Silverman (206) examined 138 children who were placed by a child-placing agency because their homes had been broken. It was found that there was no significant relationship between the homes broken through delinquency and incompatibility of the parents, and the behavior of the children. Where problem behavior occurred it was related more to the subtle emotional relationships than to the overt delinquencies of the parents.

Clinicians are agreed that treatment of a problem child without the cooperation of the parents is likely to prove fruitless (91, 157, 169, 221, 227), and that it is often more necessary to treat the parents than it is to treat the child.

Changing parental attitudes—To what extent can parents' attitudes be changed? As a preliminary to the answering of this question, it is important to develop a reliable and valid scale for measuring attitudes. Peterson and Thurstone (182, 183, 184) have contributed to the technic for measuring attitudes, although their work was not done in connection with the attitudes of parents toward the care of children. A number of investigators have constructed attitude scales for parents (89, 90, 91, 140, 211), but Stogdill (211) seems to have done the most elaborate study of the significance of such a scale. He used an attitude scale consisting of sixty items, having each item rated on a ten-point scatter, according to how seriously or unfavorably the rater believed the behavior of the parent to affect the child. Child guidance specialists (fifty in number) regarded as relatively more harmful those forms of activity on the part of parents that tend to cause the child to lose confidence in human beings and to feel a lack of security in his environment, such as scolding the child for asking questions about sex, telling the child that God sees everything he does, praising him for being such a quiet child, expressing passionate love toward the child, and telling the child the stork brought him. Parents, on the other hand, regarded as relatively more harmful those forms of parental activity which allow the child a certain degree of aggressiveness, independence, and freedom from moral repression, such as using profane language in the child's presence,

finding fault with accepted conventions, allowing him to make his own mistakes, answering his questions about sex with the facts, finding fault with food in the child's presence, walking in on the child in the bathroom, and making the child angry.

Ojemann (176) and Fitz-Simons (120) made similar studies. Ojemann used 319 statements or generalizations relating to child development and had them rated by competent judges on the basis of the importance of each generalization for parents of preschool children, elementary-school children, and high-school students.

These studies all stressed the importance of parental attitudes and indicated some of the attitudes which should be changed, but the method that is best suited for changing parental attitudes has still to be discovered. A teaching program based on the findings of experimental studies was proposed by Hedrick (140) and class study with parents was tried by Cushing (110). A number of books for parents have been published which attempt to put in popular style the opinions of mental hygienists (136, 170, 172, 178, 190, 194, 222).

The child's attitude toward his parents—While the attitudes of parents toward their children and the emotional adjustments of parents are considered important, it has also been recognized that the attitudes of the children toward their parents may have significance. Indeed, the more important for the child's mental health is, in the last analysis, his attitude toward his parents rather than their opinions on child training. Simpson (207) studied the preferences of young children for mother or father. She used several technics, such as asking questions, getting responses to a set of pictures, reactions to stories, and the narration of dreams. She found that, in the main, the mother was preferred.

Stagner and Drought (209) developed an affection-aversion scale, using the Thurstone technic, and gave it to a number of college students, comparing their scores on this scale with self-ratings and biographical data. They found no reliable differences between the attitudes of men and women toward their fathers and mothers and suggested that these results are evidence against the validity of the Freudian theory of the Oedipus complex. They qualified this conclusion, nevertheless, by saying that the contradiction is more apparent than real. Taken together these two investigations suggest that the attitude of the child is the result of the type of treatment he has received at the hands of his parents rather than any fixed relationship due to sex.

Meltzer (168) developed a free association technic for use with young children to determine their real attitudes toward their parents as contrasted with the conventional attitudes which the children are likely to manifest. His method consisted of giving a child instructions to "think aloud" on different ideas, the idea of mother and father being included in the list of topics. Valid and reliable estimates of the child's parental attitudes were obtained by a technic for evaluating the child's responses which Meltzer described.

Feelings of security and independence—A number of studies point out the importance of feelings of security in the home and, at the same time, others indicate that this security must not lead to overdependence. Rosenheim (198) gave five cases to support the theory that attitudes of overprotection and rejection play important roles in child maladjustments. Myers (173), by means of a questionnaire of 114 items, evaluated the various factors of the home environment of high-school pupils. She found that unquestioning obedience demanded by parents was associated with good adjustments of younger children but with poor adjustments of older children. Fitz-Simons (120) constructed a guide which may be used clinically to determine the degree of attachment of the parent for the child.

While most clinicians agree that the child should be taught to gain freedom from excessive parental supervision as he matures, there is some feeling that too much freedom is dangerous. Several studies have attempted to throw light upon this question.

Ford and Balen (122) made a statistical study to determine whether the lack of supervision of boys would affect delinquency rates. For three months all the boys studied were under supervision during recreational play. After the initial three-month period, some of the boys were continued under supervision while the remainder were unsupervised. A comparison of the two groups showed no evident effect upon the delinquency rate of the unsupervised group.

In a social and medical study of thirty hyperactive children, Childers (105) found that the feeling of insecurity plays an important part in producing disturbances in children. It is urged that the hyperactive child be given as much security as possible, that he be placed in a régime of curtailed activities, that regularity be stressed, and that suppression be avoided.

Size of family—Levy (153) made a study to test the thesis that size of family and ordinal position within the family are factors in determining behavior deviations among children. He found that behavior difficulties were independent of the size of the family. He found also that an only boy in the family and the second child seemed to be more likely to become involved in delinquencies in rich, small communities. Hence, the ordinal position seems to function only when it obtains in connection with other factors. Maller (162) found that the size of the family correlates negatively with intelligence, moral knowledge, cultural background, and honest behavior. The relation was curvilinear and not linear, the only child not being superior to others.

An excellent review of the literature on the personality adjustments of only children was given by A. A. Campbell (98). He pointed out that the armchair theories continue to stress the importance of the only-child constellation as a personality determiner at the same time that research, both clinical and non-clinical, has given increasingly little support to this importance.

Witty (224) found, in a statistical study of 153 only children of five years of age in Kansas City, that the only child shows himself superior to other children in health, physical development, intelligence, and character traits. In later studies, Witty (223, 225) made numerous comparisons of only children with other children and found that, in social and emotional adjustments, there were no significant differences.

Foster parents—What effect have stepmothers on the mental health of children? Neumann (174) had 489 eighth-grade pupils write essays upon the subject of stepmothers. Thirty of the children were stepchildren. He found that half of the latter, 16 boys and 14 girls, indicated an unfavorable attitude toward their stepmothers. The stepmother, he pointed out, is in an unfortunate position and such antagonism is the result of preconceived notions rather than in any inherent characteristic of the stepmother situation.

When the child is adopted into a foster home the situation is likely to be more favorable. Dudley (114) and Leahy (151) studied the characteristics of foster homes and of foster parents, but their analyses throw little light upon whether foster homes are favorable or inimical to the mental health of the adopted child. Dudley contended that the difference between a good and a poor foster home lies in the degree of security which the home gives to the child.

Rogers (197) tried an experiment to see whether boys who had become delinquent, presumably because of faulty home structure, could be trained to become normal personalities. He took ten bad boys and, by seeing that they gained security and personal recognition in selected foster homes, made them into normal, law-abiding boys.

Inspired by the work of Mrs. Walrath of the Cradle Society, in Evanston, Illinois, Gallagher (127) presented in book form the various aspects of child adoption. Its aim seems to be to create in the lay individual a different attitude toward foster children. Doubtless, the mental health of the adopted child depends upon the attitudes of the adoptive parents and the others whom he contacts during his life.

Play and Recreation

More research needs to be done to determine the exact significance of play and recreation for mental health. Emery (117) gave a typical discussion of the value of recreation for hospital patients, asserting that dancing is one of the best socializing influences. He gave no evidence to prove that recreation is better than occupational therapy in the form of serious work for patients. Reeves (191) reported an attempt to promote street play in twenty cities. He stated that, in 1929, 36 cities closed 165 streets for play under leadership. Attendance at 105 of these streets was reported to be over 720,000. Kaplan (146) found that the organization of street play reduced delinquency. Pendry and Hartshorne (179) described 49 presentday organizations which devote their energies to providing recreation and leisure-time activities for young people.

We may conclude from the emphasis given in the above studies that play is valuable for patients in hospitals and that it keeps idle persons occupied and thus diminishes delinquency; but we may also ask whether there is any evidence that recreation plays an important role in the mental health of the normal, employed man.

Thisted (213) attempted to answer the question as to whether participation in college athletics had any deleterious effects. He obtained replies from 500 alumni to a questionnaire and attitude scale and concluded that athletes were as successful as non-athletes in their vocations, and that college athletics had been of personal value to the athletes.

Hardy (135) studied the relationship between out-of-school activities and the personality adjustments of children. She obtained her estimate of adjustment from teachers' ratings, observations, pupil interviews, and parents' reports. She found that attendance at movies, organized recreational and educational activities, the size of play units, and the types of play were not related to personal adjustments. She made the rather sweeping generalization that "what children of elementary school age do with their after-school hours is not an important conditioning factor in their personal adjustments."

Economic Depression

Gaudet and Curry (128) presented graphs (no correlations were computed) to show the relation between business conditions and first admissions to the New Jersey State Hospital at Greystone Park, New Jersey, for the years 1895 to 1930, inclusive. During every period of prosperity (with minor exceptions) there is a decrease in the number of first admissions, and, in every period of depression, there is a corresponding increase in the first admissions. They contended that their graphs support the claims of hospital superintendents and clinicians that, during business depressions, a greater amount of mental illness appears than during business prosperity.

Other studies indicate that this relationship is not so apparent. A questionnaire was sent to hospital superintendents during 1933 and 1934 by the National Committee for Mental Hygiene to determine in what way the economic crisis had affected these institutions and to learn how they were functioning under depression conditions (141, 148). Most state hospitals reported that there was an increased number of first admissions and readmissions from 1929 to 1932, and the inference was drawn that the depression was a precipitating or contributing factor to this increase.

Pollock (187) compared the populations of mental hospitals in New York state from 1929 to 1934 with the populations from 1924 to 1929. The rate of first admissions has been rising since 1924. The populations of hospitals increased more rapidly from 1929 to 1934 than from 1924 to 1929. This increase was greatest in 1933. The trend in the manic-depressive group has been slightly upward with a marked increase in 1933. A significant increase in the rate of dementia praecox admissions has occurred since 1927,

the rate being exceedingly high in 1932 and 1933. Pollock pointed out that the increase in the year 1933 may be due to the cumulative effect of the depression. Taking his figures as a whole, he concluded that the economic crisis does not seem to be the dominant factor in the increase of first admissions in any one diagnostic group; it is, however, a precipitating factor of importance in all groups.

It would seem that the increase in state hospitals, if these studies are representative, is partly due to the fact that fewer persons are able to afford the luxury of private sanitaria and partly due to the fact that hospitals provide a refuge for those on the borderline of a breakdown when economic stresses become acute. This interpretation is supported by the reports of superintendents that there was an increase in senile cases during the depression (presumably because their relatives could no longer support them) and that it was more difficult to parole patients. In other words, the state hospitals provided an economic haven and changes in hospital populations should not be interpreted to indicate that the economic depression caused mental diseases.

Statistics dealing with the type of cases applying for admissions to New York institutions, presented by Malzberg (163), indicate that they are more influenced by social and other environmental factors than by the degree of mental health or disease of the community.

The effects of economic depression upon the psychoneurotics is not discernable through statistical studies and all the writings bearing upon this point are expressions of opinion or generalizations from clinical evidence. It is contended that the psychic life of a people contracts with a narrowing of economic scope (201); that there is a decrease in family solidarity with a lowering of the economic level (92); that poverty builds in children feelings of insecurity which result in vagrancy and delinquency (201); and that revolutionists and psychopathic personalities are the natural outcome of the conflicts that grow from the breaking down of family ties, homelessness, and economic hazards (201).

A brief statement, summarizing the above studies dealing with economic depressions and their effect on mental health, might be in order. We have no positive evidence that economic depressions cause an increase in the numbers of persons who develop psychoses. The increase in population of state hospitals in depression years is greater than the normal expectancy, but this increase may be accounted for by the inability of relatives to care for the mentally ill either in private institutions or at home. New behavior patterns and new attitudes are evidences as a probable result of economic depressions, but these are in the direction of detrimental and disrupting behavior only in mature persons. In students, adolescents, and children such detrimental changes are not found. Since unemployment fosters feelings of insecurity, anxiety, and bewilderment, it is possible that economic depressions affect more those individuals already subject to such neurotic behavior than normal adults or immature children. More research is needed in order to discover the specific effects of economic depressions upon the psychoneurotic individual.

Motion Pictures

The strongest impetus given to research relating to the effect of motion pictures upon personality development was provided by the Payne Fund. Under the chairmanship of W. W. Charters (103, 104), committees were appointed to study various aspects of motion picture influence and, as a result of the research thus accomplished, twelve studies have been published. These studies cover practically every aspect of the motion picture influence, but it is hard to glean from them just what influence motion pictures may have upon the mental health of the community.

Freeman and Hoefer (126) tried an experiment to test the degree to which motion pictures may influence behavior. They gave instructions as to the care of the teeth to two groups of students. One group, in addition to the oral instruction, was given supplementary instruction by the use of models and diagrams, and by two pictures depicting social situations involving care of the teeth. The film group did worse on an information test than did the control group. In reported care of the teeth both groups were equal. In improvement of the condition of the teeth, the film group excelled slightly.

From a questionnaire study of 888 Los Angeles students, Seagoe (202) concluded that the primary appeal of the movie appears to be emotional rather than intellectual, and that any influence upon the child's conduct must be through the mediation of his emotions.

Peterson and Thurstone (184) showed pictures whose dominant theme dealt with such subjects as nationality, race, crime, war, capital punishment, prohibition, and penology. Their general plan was to measure the attitudes of a group of children by means of an attitude scale or a paired comparison schedule; to show the children a motion picture which had been judged by others to have some value on the issue in question; and then to measure the attitudes of the children again after the picture had been shown.

The most striking change in attitude which they found was the change in sentiment toward the Negro as a result of seeing the picture "The Birth of a Nation." The film "Son of the Gods" showed a definite change in attitudes favorable to the Chinese, and "Four Sons" made the children more favorable toward the Germans. "The Criminal Code" made a group more lenient in their attitude toward the punishment of criminals. The pictures "Big House" and "Numbered Men" in combination had a similar effect.

A group of high-school children were less favorable toward war after seeing "All Quiet on the Western Front." One group who saw "Journey's End" showed no change in attitude toward war; a second group showed a small change in the direction of pacifism. A group of high-school children were more severe in their judgment of gambling after seeing the picture "Street of Chance." The motion pictures used to study changes in attitude toward capital punishment and prohibition showed no effect on the children's attitudes.

It seems evident that pictures which have an adequate emotional appeal can change the attitudes of children. Furthermore, Peterson and Thurstone demonstrated that the change is a specific effect for each picture. It is foolish to generalize and to state that motion pictures have a definite effect in changing attitudes. It depends very largely upon the specific picture.

Holaday and Stoddard (142) measured the degree to which children are able to retain what they see in movies. They exhibited seventeen pictures in all and tested the children who witnessed them by means of true-false tests, four response multiple-choice tests, and ten-minute essays. They gave one-third of the observers the tests one day after seeing the picture; one-third of the observers they tested one month to six weeks after the showing; and the other one-third they tested two to three months after the showing. The general information of children and adults increased to a considerable extent by correctly shown information through the medium of motion pictures. General information presented incorrectly by the pictures was frequently accepted as valid unless the incongruity was quite apparent. Retention of specific incidents of motion pictures was high. The second-third grade group retained, on the average, nearly 60 percent as much as the group of superior adults. Action was remembered best when it concerned activities such as sports, general action, crime, and fighting; when it had a high emotional appeal; and when it occurred in a familiar type of surrounding, such as home, school, or tenement. The percents of retention found by these investigators surpassed to a large degree the percents previously obtained in learning experiments.

Dysinger and Ruckmick (115) studied, by means of psychogalvanic and pulse records, and by verbal reports, the emotional effects produced by motion pictures in children and in adults. While they reported definite emotional effects which vary with individuals, they were able to draw no conclusions as to the possibility that such emotional reactions were pernicious or beneficial in their effects upon the mental health of those who witnessed the pictures.

Renshaw, Miller, and Marquis (192) made an extensive study of the effects of motion pictures upon the sleep of children. Their experiments were very carefully done and provide a valuable contribution to the psychology of sleep, even apart from any light that they throw on the significance of motion pictures for mental health or ill-health. They found that some films do induce a disturbance of sleep in children which may be as great as, or greater than, the effect of ingesting from 4 to 6 grains of caffeine between the hours of 6 and 9 p. m. They give evidence to refute the theory that restlessness in sleep following exposure to motion pictures is due to the effects of the flicker of the picture. It seems to be the emotional effect which is operative, but no inference can be made as to which is the best type of picture for children to see. They suggest that the best hygienic regulations should limit attendance at certain types of films.

The experimental evidence seems to be very strong that motion pictures can affect children's attitudes, that they can be well retained, that they have an emotional effect, and that the excitement aroused by the picture may persist as would a drug stimulant. When it comes to evaluating the effect of pictures on the mental health of the child who witnesses them, not so much can be said.

Dale (112) made an analysis of the content of motion pictures. He found that three out of four pictures deal with crime, sex, or love. Love-making of an intense sort is seen in 70 percent of the pictures. Murder is the crime most often pictured. Vulgarity and drinking occur in two out of three pictures. The tone of the writer makes the reader feel that Dale believes the content has a bad influence, but he gives no evidence, except his opinion, that motion pictures are harmful to the mental health or welfare of those who view them.

Dale (111) also made a study of the attendance of children at motion picture performances. He found that more than one-third of the motion picture audience is under twenty-one years of age and that two-thirds of the attendance of children is in the evening. On the average, boys attend 1.10 times a week, and girls .88 times. Judging by the frequency with which the audience reviews the program, the comedy is the most popular part of the program, the main picture is second in popularity, and the newsreel, the third.

Blumer (95) made a study of the effect of the movies on the conduct of college and grade-school students. He collected his evidence from written narratives of motion picture experiences, from questionnaires, personal interviews, direct observation, and studies of conversations on movie subjects. He interpreted his results to indicate that imitation of movie situations, ideals, mannerisms, and modes of conduct is frequent and that attitudes, and notions of rights and privileges, may be implanted by witnessing motion pictures.

Blumer and Hauser (96) attempted to study the effect of motion pictures on the production of delinquency and crime. They conducted personal interviews and studied the autobiographies of young delinquents, ex-convicts, grade-school and high-school students. While they presented results to indicate that the motion pictures were an important factor in the delinquent careers of 10 percent of the males and 25 percent of the females, it would seem that these results should be accepted with great reservations. When a person is asked whether certain specific influences operated in leading him into misconduct, he is being tempted to evade responsibility, and the answer should be discredited.

Peters (180) made an elaborate attempt to measure the degree to which pictures conformed to or departed from the mores of the community. He devised scales for measuring the mores by having adults arrange described bits of conduct in hierarchical order according to "goodness" or "badness." These scales were then used to measure the "goodness" or "badness" of

the movies. Movies were found to oppose the present values regarding aggressiveness of girls in love-making; they parallel life from the standpoint of both approval and practices in respect to kissing; they surpass the mores in respect to democratic attitudes and practices; and, finally, they challenge admiration in respect to their treatment of children by parents. They found a negative correlation between the success of the films and their degree of offense against the mores.

Throughout the Payne studies one detects a militant tone. Presumably unbiased, the authors seem (with some exceptions) to be on the hunt for evidence with which to condemn the movies. The meager proof against the movies is evident when all the studies are related. There is no evidence that motion pictures are undermining the mental health of the community. The appeal of motion pictures is emotional, but that is no condemnation of them. They are intended to appeal to the emotions of the audience. They may effect changes in attitudes which are enduring. Such an instrument can, of course, be used unwisely; but the evidence seems to be that, in the main, the effects are not pernicious. The producers must conform fairly closely to the moral attitudes of the community or suffer the penalty of losses at the box office. It would seem more nearly correct to say that the content and tone of pictures reflect the mental life of the community instead of assuming that their influence is to arouse mental conflicts and to produce neuroses in the individuals who witness them.

Radio

Because no philanthropist has been generous enough to donate funds to promote research in connection with the radio, studies in this field are not numerous.

Robinson (196) tested the effect upon the opinions of the listeners of listening to four radio speeches on the subject of unemployment. He found that those ideas spread most rapidly which were already well established in the group, the changes being largely in the direction of strengthening the favorable judgments and decreasing the frequency of doubt.

Kirkpatrick (147) suggested that there is more responsiveness to radio programs among the lower occupational groups and those not so well educated, and possibly those of lower degrees of intelligence. The evidence for this opinion is not very conclusive.

Most of the research in connection with radio is in the direction of ascertaining the size of the radio audience and in analyzing the type of program to which people listen, as well as their reaction to programs of various kinds (101, 160).

Psychologists could well make use of the results of the investigations made by commercial organizations in order to carry out a program designed to tell us more about the effect of the radio on the mental health of the listener.

CHAPTER IV

The Normal Child

ALTHOUGH MUCH HAS BEEN WRITTEN about the mental hygiene of the normal, little of it can be termed research in the strict sense of the word. This chapter will indicate some of the more important discussions of positive mental hygiene as well as the few research studies which bear on positive mental health.

The first treatise on mental health from the positive point of view was Burnham's book, *The Normal Mind* (240). Burnham indicated his debt to James's *Talks to Teachers*, particularly the last three chapters on life's ideals. Burnham's book was the first of a series relating to mental hygiene which have come out with increasing frequency in recent years. It is impossible to mention them all. Shaffer (315), Symonds (332), Morgan (295), Kirkpatrick (285), Woodworth (345), Wallin (334), and Patey and Stevenson (300) have written on mental hygiene as psychologists. Sherman (316), Howard and Patry (278), Menninger (294), and Crawford and Menninger (247) have written as psychiatrists and Groves (267) has written as a sociologist. Jastrow (279) and Seabury (314) have written similar books in a more popular style for the general reader.

Shaffer (315) has the most extended treatise on the psychology of adjustment from the viewpoint of objective psychology, maintaining that behavior and adjustment may be explained by hypotheses familiar to experimental psychology. Symonds (332) discussed the mental hygiene of the school child and applied the principles of mental hygiene to the situation. Wallin (334), Sherman (316), and Patey and Stevenson (300) wrote with the needs of educators in mind. These books include a number of helpful case studies. Books by Morgan (295) and Kirkpatrick (285) are designed primarily for students in college classes. Howard and Patry (278) and Menninger (294) wrote books on mental hygiene from the point of view of the physician and indicated the psychiatrist's point of view with respect to understanding of problems of adjustment. It may be added that the books written by those with different professional backgrounds are not clearly distinguishable in terminology or point of view. All apparently borrowed from certain commonly accepted principles which originally were associated with the psychoanalysis developed by Freud, conditioned response developed by Pavlov, the insight into problems of adjustment contributed by orthodox psychiatry, etc. Most of these books, however, found it easier to describe various types of maladjustment than adjustment and none hewed to the line of describing the normal mind better than those by Burnham (240, 241).

Mental Hygiene of the Young Child

The mental hygiene of the growing child has been discussed in chapters devoted to the topic in various treatises on child psychology and child development, among the more recent of which may be mentioned those by Goodenough (263), Gesell and others (261), Jersild (280), Stoddard and Wellman (320), Bühler (239), E. Dewey (250), J. E. Anderson (228), Hazlitt (275), Groves and Groves (268), Johnson (283), Norsworthy and Whitley (297), and Bott (236).

The books by J. E. Anderson (228), Foster (258), and Stuart (329) presented discussions of physical growth, the development and guidance of children and youth, and guidance through play and activity. Material for these books was gathered for the White House Conference on Child Health and Protection. The book by Norsworthy and Whitley (297) is a revision of an earlier book of the same title. The book by Stoddard and Wellman (320) kept to the line of research findings as closely as any. Goodenough (263) presented a clear picture for various levels or periods of development. Jersild (280) gave a psychological interpretation of the process of development. Gesell and others (261) wrote primarily of the development of the infant, basing his work on the exact development studies made in his laboratory at Yale.

Experimental studies of the development of emotional habits in young children have been largely devoted in the last few years to studies of the incidence of various types of behavior. Goodenough's study (262) of anger in young children summarized what was known in this field to the date in which she wrote. Subsequent studies on anger have been made by Ricketts (309). Caille (242) studied the incidence and development of resistant behavior. Jersild and associates (281, 282) and Hagman (269) made studies of the development of fears in young children. Jersild's studies are of particular importance because of their thoroughness and comprehensiveness. Jersild and Holmes (281) studied fears in children through observations in daily life by parents, the reports given by children themselves, the fears recalled from childhood by adults, and certain experimental and statistical studies of the origin and incidence of fear. These various methods of collecting data with regard to fear show a high degree of consistency. In this monograph a helpful summary is included in a final chapter giving practical suggestions on origin, utility, and prevention of fear. Heering (276) studied the incidence of thumbsucking. Levy (288) experimented with a litter of new-born dogs, feeding some with bottles having nipples with fine holes and others with nipples having larger holes. Keeping the amount of food constant, he found that there was more tendency to suck between feedings on the part of the dogs who had the small-holed nipples, indicating that thumbsucking may be due to defects in the normal process of obtaining food.

The mental hygiene problems of the normal child are reflected in the attitudes which parents and teachers have toward children's problems.

These have been revealed in a number of studies. Laws (287) and Wickman (342) indicated attitudes that parents and teachers have toward children's problems. More recently Bain (233), MacClenathan (291), and Yourman (346) provided supplementary data as to the attitude of teachers toward problems of children. Fitz-Simons (257), Koch and others (286), Ojemann (298), and R. M. Stogdill (322, 323, 325) studied the attitudes of parents toward their children's problems. These studies, according to a review by R. M. Stogdill (324), indicate that parents and teachers are highly conservative in their attitude toward children, approving behavior that makes for the smooth running of home and school, and showing little regard for wholesome personality development. Psychologists, on the other hand, find that active and extrovert behavior is better adapted to the social adjustment of children regardless of annoyance to teachers and parents. Psychologists, in general, emphasize freedom, while parents and teachers put more stress on submission and discipline.

Mental Hygiene of Adolescence

The mental hygiene of adolescence is discussed in a number of recent books on the psychology of adolescence, the more outstanding of which are those by Garrison (260), Garland (259), McCarthy (290), Conklin (245), Cole (244), Averill (232), Arlitt (231), Richmond (308), and Sadler and Sadler (312). Cole (244) and Averill (232) devoted much attention to adolescent adjustments, illustrated with numerous case studies. Conklin's book (245) is more scientific in character with frequent references to the experimental literature on adolescent development. Garland (259) wrote from the point of view of the pediatrician. The book by the Sadlers (312) is very popularly written.

The period from 1932 to 1935 was characterized by the use of the questionnaire method in studying adolescent adjustments. Pintner and others (304), R. B. Smith (318), Maller (293), Washburne (335, 336), Symonds and Jackson (331), and Pressey and Pressey (306) made such studies. Pintner and others (304) devoted their work primarily to the elementary and junior high-school pupil. R. B. Smith (318) made a special study of inferiority feelings of high-school pupils and developed a scale for their measurement. Maller (293) specialized on the development of various types of instruments for measuring adolescent adjustment, including adaptations of the free association test, a test of persistence, a test of moral judgment, a test of honesty, and a psychoneurotic inventory. Recently he brought together the best items from all of these different tests into a battery which he calls the Case Inventory. Washburne's approach (335, 336) perhaps involves the greatest psychological insight of any of these studies of adolescent adjustments. He developed a questionnaire which measures such factors as impulse, self-control, rapport-alienation, sympathy, and happiness. Symonds and Jackson (331) reported an Adjustment Questionnaire which samples pupils' attitudes toward various phases

of their environment and used it in conjunction with behavior ratings for a study of adolescent adjustments. The Presseys (306) revised their X-O test and published a new test of emotional maturity which they call the Interest Attitudes Test to be used with junior and senior high-school pupils.

These investigators and others used these instruments for studying adolescent adjustments as related to school adjustment and to the problems of delinquency. Myers (296) investigated the relation between the school adjustments and various factors of the home environment. For the study of the home environment he developed a special inventory on intra-family relationships. In general he found that there was a distinct relationship between school adjustment and intrafamily relations. A subcommittee of the White House Conference on Child Health and Protection (340) made a significant questionnaire study of the factors in the family situation which condition the adjustment of the adolescent. Whitlow (341), by a questionnaire study, investigated the moral attitudes of high-school students and found that stealing, drinking, and lying are the cardinal offenses, although swearing, disobedience, and lying were most frequently admitted.

Mental Hygiene of Early Adulthood

On the college and early adult level a number of significant studies of the nature of normal adjustment have been made, beginning with G. Watson's study (337) of happiness among graduate students of education. Watson's procedure was repeated by Sailer (313), working with Y. M. C. A. members. Using a questionnaire with 300 opportunities for response, replies were received from approximately 500 young men. The reports indicated that those men who considered themselves happy also considered themselves above the average of the general population in happiness. The unhappy group considered dancing and card-playing as unimportant for happiness; they also considered religious worship and activities unnecessary. Physical handicaps appeared to be of more importance in causing unhappiness than nervous habits. It was noted that "only" children showed a greater tendency toward sociability than others. No relation between intelligence and happiness was reported, as very few of the intelligence tests sent out were returned. Hartmann (271, 272), in two studies at Pennsylvania State College, surveyed the adjustment problems among college students and the personality traits associated with variations in happiness. In the first study (271), one hundred sophomores submitted lists of not less than five and not more than ten major life problems. Vocation and personality development were high in all of the three methods of classification which Hartmann used. Sexual questions dropped to a low place in the importance index, while feelings of inferiority ranked high. Esthetic problems were largely absent from the list. In the other study (272) Hartmann attempted to find the personality traits associated with variations in happiness in a college population. With the possible exception of finding that

unhappy people were mildly inclined to be neurotic, most of the contributions were negative. However, several interesting relationships were tentatively suggested, although the correlations were low. Among these were: emotional health was the most *important* factor associated with happiness, but not the *sole* producer; the dominant person has a slightly greater chance of being happy than the submissive; the nature of ideals was an irrelevant matter; and no relation existed between interest in future career and happiness. Seventy-five percent of the group rated themselves as possessing happiness equaling or exceeding that of the average, which may be explained by the relatively sheltered existence of the college undergraduate. There was a disconcertingly low correlation between the self-rating of happiness and the ratings of associates, indicating disparity between attributed and experienced felicity.

Reinhardt (307) reported the problems most often mentioned in a questionnaire submitted to 147 women and 73 men students in a college freshman class. The difficulties listed in order of their importance indicated that nearly one-half of the students worried about certain matters not connected with school work. The need for a mental hygiene expert was indicated.

J. G. Patrick (301), by means of personal interviews and questionnaires, attempted to study the role of intimate groups in the personality development of college men. The subjects studied were exclusively male, white, native Americans, who had graduated previous to 1920. The intimate groups were divided into two types: (a) small groups such as the family and childhood play groups; and (b) larger groups such as the church, social group, and club. Some of the important findings were:

1. Intimate groups stand not only as symbols, but as major instrumentalities through which personality is attained.
2. The reactions to a small group of male friends persist as an enduring pattern resulting in a strong basis for predictability in the carry-over of these patterns from one to succeeding developmental periods.
3. There was indication of a desire to reconstruct intimate groups previously found satisfying, and where this was not possible a feeling of frustration usually appeared.
4. Students in small colleges as contrasted with those in large colleges spread their activities over a greater range of activities and a larger number of intimate groups, the social distance between students and faculty was less, the church was a more important element, and the students exhibited a more critical evaluation of their respective institutions. While the larger college offered greater intellectual opportunities the small college was more favorable to social development.

Stratton (327) studied the personal problems reported by 1,000 students in a graduate school of education. Major problems in order of their importance: (a) finance, (b) leisure and recreation, (c) part-time work, (d) placement, (e) social relationships, and (f) academic problems. The study indicated that students sought aid from college officials more frequently for academic problems than any other. Problems of leisure time and recreation were harder to solve than any others, while problems of finance, part-time work, and placement were being solved by 40 to 50 percent of the students.

From a survey of case records in a college psychological consultation service for a ten-year period, E. L. Stogdill (321) concluded that the problem as stated by the student is not always the problem needing clinical analysis, but indicates the student's insight into the difficulty. Four problems, personality defects, poor home adjustments, physical and social strain, were found to be closely connected as a group in a great many cases, regardless of the student's statement of his difficulty.

After studying the vocational fitness of 883 college students who had chosen vocations, Sparling (319) concluded that there was a great need for vocational guidance in college. While the group was not typical in vocational choices of college students in general, since a great majority had foreign-born parents and 95 percent desired to enter the four overcrowded professions of law, medicine, teaching, and dentistry, the data indicated that a majority of the students expected to enter a vocation in which they would have an intelligence handicap. There was little evidence of accurate information about the profession chosen, and 80 percent thought they would earn more than average salary in the field chosen.

A number of writers (230, 246, 256, 289, 299, 310, 311, 338, 344) have discussed the need and opportunities in college for mental hygiene, both remedial and preventive. V. V. Anderson and Kennedy (230), from their experience in a large commercial organization, estimated that 85 percent of the students in college showed some need for help in integrating their emotional life, while 10 to 15 percent were in danger of mental breakdown. Ruggles (311) and V. V. Anderson and Kennedy (230) pointed out that college mental hygiene programs should emphasize the possibilities to be achieved with every student in increasing happiness and efficiency, and not merely the treatment of the abnormal. The treatment of maladjusted students by deans and other college officers on the symptom level has led to general agreement that there is a great need for trained leadership in this field. Williams (344) pointed out that theoretical training for a college psychiatrist is not sufficient but must include clinical experience with normal individuals.

There is disagreement as to the place mental hygiene should occupy in the college organization. Livingood (289) and V. V. Anderson and Kennedy (230) asserted that the mental hygiene program should be located in the personnel department as an educational agency rather than in the health department as a health agency. This would have the added advantage of combining the counseling and advisory facilities of the college, not only for academic issues but for all life adjustment problems of the individual. However, Ruggles (310) pointed out that the psychiatrist should be located in the health department in order to get the close cooperation of the college physician. All records should be kept confidential and the mental hygienist should not attempt to be an educator.

Although no college is equipped to give individual guidance to all the students that may need some help in their adjustment problems, a great many difficulties may be cleared up through the giving of mental hygiene

or orientation courses (255, 292, 303). McKinney (292) drew an analogy between facts of mental hygiene and physical vaccination. By encouraging self-analysis and autosuggestion, the student was encouraged to understand that personality defects were not permanent but had causes and these causes could be removed.

Burnham (240, 241) and Morgan (295) have written books in non-technical language on the preservation of mental health, suitable for texts in a college mental hygiene course. Bennett (234) wrote a text to be used as the basis of a freshman orientation course. In addition to mental hygiene, such problems as wise distribution of time, efficiency in study, vocational planning, and love and marriage were discussed.

Strang (326) summarized the results of investigations relating to personnel work in a book intended for specialists and teachers.

Mental Hygiene of Middle Age and Senescence

The mental hygiene of middle age has not shared the experimental interest of recent years in the development of the infant and adolescent. Elliott (254) criticized modern education in its emphasis on individual development. While these goals may be useful criteria for adulthood, they prove themselves inadequate to the needs of middle life when waning physical energy and diminishing opportunity for active participation quite often lead to a feeling of frustration and defeat. Our presentday society has overlooked the contributions that older people may make in emphasizing the development of initiative and responsibility in young people at the expense of ideals of service. Education must have its aims remade to the purpose of helping the individual realize the other-than-ego values of self. "Satisfaction in later life involves, also, the individual's having developed goals of endeavor and found patterns of life sufficiently inclusive and dynamic to carry him through the whole of life." Jung (284), probably more than any other psychologist, has been interested in the problems and mental health of middle age. He has concluded that many problems of middle age are brought on by the inability of the person to reject the role of youth and cultivate his capacities for achievement at higher levels of satisfaction. The first half of life is concerned with the making of a living and establishing social contacts, an identification with the outer world. With middle age must come a liberation from this identification and an adjustment to internal realities, an "assimilation of the unconscious into the conscious self." This takes the form of realizing and developing individual traits and aspects of personality hitherto undeveloped and neglected. Jung also emphasized the importance of a religious point of view in realizing what life should mean.

Pitkin (305), in a popular book on the value of life after forty, pointed out that to live effectively after middle age one must have learned how to live earlier, that the period before forty should not be considered the most important part of life, but merely the preparation for the fuller and more varied existence that opens with the coming of middle age.

Sex Adjustments

Antedating the three-year period to be covered by this review, the three main pieces of research which have provided us with information concerning sex life of normal people are those by Davis (248), Hamilton (270), and Dickinson and Beam (251). There seems to have been little recent investigation or discussion of sex adjustments especially of the period from six years to adolescence. The trend in recent literature has been to point out the need for sane and wholesome sex education at all levels of development.

Dillon (252) studied the attitudes of children toward their own bodies and those of other children. The study was based on the observation of 38 children ranging in age from twenty-seven months to sixty-two months in a nursery school. The author concluded that the little sex play that was evidenced was motivated largely by curiosity. Manipulation of genitals appeared, but no sensory satisfaction was shown except in the case of one girl. Differences in sex structure were noted by the children but seemed to carry no sex significance. The older children appeared to have a more definite awareness and interest in their bodies, but in none of the children was there a sense of shame in appearing undressed before either adults or other children.

Groves (265) pointed out the serious sex maladjustments that may arise among college students due to the deliberate postponement of marriage. He concluded that colleges have the greatest need and best opportunity to distribute recent scientific sex information. E. S. Smith (317) undertook to ascertain the factors that were responsible for the unconventional behavior in twenty-five unmarried adolescent mothers. These data were collected by means of questionnaires and interviews and comparable material was gathered from 100 Girl Reserves. Both groups showed disappointment at the failure of the school in giving them sex information. The author stressed the duty of the school in giving special attention to a program of sex education which should include great concern and guidance in boy-girl relationships and adequate preparation of both students and parents for parenthood.

Several recent discussions have emphasized the importance of informed and well-adjusted parents and teachers in building healthy sex attitudes in children (235, 243, 249, 253, 266, 273, 343). Edson (253) warned parents that child and adult wants in sex are entirely different. Those training children must constantly put themselves in the child's place, to determine what his needs are, how he got them, and how they can best be satisfied. Groves and Groves (266) emphasized the importance of realizing that sex does not wait until puberty to become a force in life, but appears at birth and is the most influential factor in the formation of character. Hattendorf (273), from an analysis of problems presented by mothers in a study group in sex education, concluded that first questions about sex come in greatest numbers at four or five years of age, while the greatest interest in sex is shown by children between five and nine years of age. The earliest interest

is shown in organs of the body and in physical sex differences, then follows interest in babies and the process of reproduction. De Schweinitz (249) warned against the oversimplification of sex instruction, since information in itself has not been a solution. Too often sex instruction has been harmful because the parent approached the whole subject aggressively with varying degrees of tension, and overlooked the emotional implications involved. Sex should not be considered an isolated phenomenon, but as inextricably tied up in the conditions of the home. The author's formula was "Love them, set them a good example, and let them alone." Bigelow (235) concluded that the greatest good from sex education has come not from the content of courses, as much as the elimination of taboos and inhibitions formerly surrounding the whole field of sex.

Mental Hygiene in Industry

There has been in recent years a striking lack of research and investigation into the conditions that influence the mental health of workers. V. V. Anderson (229), from his experience in a large industrial organization, pointed out that the mental hygienist may be of very practical importance to industry by saving money and raising morale through reducing turnover and increasing production. Soviet Russia has been aware of the importance of the worker's mental health to efficiency and quality of production. Zacharoff (347) reported the two main avenues by which the Soviet Union has attacked this problem: first, by prophylactic psychiatry which aims to correct the mental and nervous complaints arising from industry; second, by vocational guidance which is primarily medical guidance. Granniss (264) estimated that 85 percent of all industrial accidents are caused by workers' mental attitudes. A person trained in mental hygiene in the personnel department of industrial organizations could uncover the causes of unhealthy mental attitudes and help to remove them. Hersey (277) compared groups of American and German workers. He found that happiness of the workers increased output 2 percent above normal while unhappiness resulted in a drop of 7 percent below normal. He further estimated that only half of the time were all workers in a healthy frame of mind. The author listed three conditions indispensable to mental health: having a goal; making progress toward the goal; and feeling that one is accomplishing something worthwhile. The enthusiasm of Russian and German workers exceeded that of American workers due to the former's greater feeling of worthwhile accomplishment. The author emphasized the employer's responsibility in providing medical and psychiatric service for his employees.

CHAPTER V

Behavior Problems and Delinquency

INVESTIGATIONS OF BEHAVIOR PROBLEMS, as related to the field of educational research, deal primarily with observation of behavior, the mental, physical and emotional characteristics of maladjustment, and methods of treatment, with special reference to prevention. Most of the earlier researches were confined to the problem of juvenile delinquency, in the belief that a knowledge of causes, with deflection of emphasis from criminal to educational implications, might lead to the elimination of much antisocial conduct. More recently the interest has shifted somewhat toward the study of behavior as an aspect of child development in general, with the result that delinquency as such is less often mentioned.

It is not known whether misbehavior in children is increasing or decreasing. Statistics of juvenile arrests and probation activities throw little light on this problem, because changing procedures and unstandardized terminology have rendered difficult the comparison of data for different localities, or even for different years in the same locality. While it is not unlikely that the increasing complexities of life have contributed to delinquency by giving rise to more varied opportunities for unsocial behavior, there has been increased diligence on the part of all agencies concerned with treatment and prevention.

The literature of this subject is vast, and many valuable contributions, of both extensive and intensive character, are available. Enough is known about problem children to serve as a basis for intelligent treatment. Some of the programs for prevention, based upon research findings, are obtaining promising results.

All general works on juvenile delinquency deal with mental hygiene aspects of the problem. Among the writers may be mentioned Healy (406), Burt (371), Fenton and others (390), Goddard (399), Reckless and Smith (437), Van Waters (464), Aichhorn (353), and the White House Conference committee (469).

Symptoms of Maladjustment

Types of misconduct—Until recently it has been the practice, in cases of juvenile arrest or detention, to designate the specific offense which led to the action. If more than one offense was charged in a given case, the principal offense was used for statistical purposes. The types of misconduct were described largely in terms of criminal behavior, and in many instances the same terminology was applied. A typical classification is that used by Healy and Bronner (404). In a summary (471) of 1,250 cases studied by the California Bureau of Juvenile Research from 1915 to 1923, the offenses, 14 in number, were classified in three groups, with frequencies as follows:

property, 47.8 percent; persons, 6.9 percent; peace and order, 43.5 percent. The individual offenses of incorrigibility, stealing, and truancy were most frequent, while those involving personal injury or damage to property were relatively infrequent.

During the progress of the study just referred to, Clark (378) devised a scale for grading juvenile offenses, through the use of which the seriousness of a given child's conduct was indicated by the "delinquency index." The offenses appeared in the scale, in order of seriousness, as follows: truancy, incorrigibility, vagrancy, malicious mischief, drunkenness, stealing, burglary, larceny, forgery, assault, sex immorality, arson, highway robbery, murder. Each offense was judged on a scale of ten points, the composite score being the delinquency index. For the California boys measured by the scale, Clark found indexes ranging from 0 to 39 points, with a median of 14 points. He considered an index of less than 10 to be of little consequence; indexes of 10 to 20, characterizing about 55 percent of the cases studied, were considered "typical cases of juvenile delinquency"; while an index greater than 20 was interpreted as representing serious misconduct. A revision of the scale was offered by Mursell (425).

A more recent study (397) of 983 Boston juvenile court boys gave the following classification and (overlapping) frequencies: truancy 64.1 percent; stealing, 51.4 percent; "bunking out," 48.9 percent; sex delinquency, 13.4 percent; excessive and frequent lying, 12.5 percent; while 7.3 percent "were known to have indulged in various forms of misbehavior such as repeated disobedience, drinking, marked cruelty, and the like."

Fenton and others (390) found twenty-nine separate offenses in the case histories of 400 delinquent boys in California, various forms of stealing and truancy being most frequent. He found that 35 percent of the boys had been involved in the theft of automobiles. His classification includes several items which are not usually listed as offenses of delinquents: school problem, destruction, inadequate home, cruelty, excessive smoking, fighting, failure in foster home, bad companions, fits of temper, nuisance, and excessive movie-going.

In the case of delinquent girls, sex offenses lead in frequency. Where other offenses occur, they are likely in some way to be associated with sex conduct.

Studies of problem children who are not considered delinquent tend to use similar, but less specific, classification of misconduct. Paynter and Blanchard (435) found the predominating behavior difficulties in child guidance clinic cases to be stealing, truancy, sex experience, and disobedience. They also included as behavior difficulties speech defects, bullying, and temper tantrums. In behavior cases occurring in the same family, Weill (467) found that disobedience, temper tantrums, food capriciousness, enuresis, destructiveness, restless sleep, and masturbation are most frequent. Weill's list included thirty-five forms of misconduct, with stealing and truancy relatively low in frequency.

Ackerson (348) made a comprehensive study of the behavior difficulties of 5,000 children, from which a group of 154 cases were selected for intensive

sive study of personality and conduct. The traits were considered in relation to age, mental level, personality-conduct-total, and their predictive value.

Wickman (470) had lists of behavior symptoms rated by teachers and mental hygienists, finding much disagreement as to the relative importance of some traits. Studies by Haggerty (402) were based upon extensive samplings of school children. Olson (433) offered a method of measuring problem tendencies, and later (430) described their clinical use.

Valuable descriptions of individual forms of misbehavior, considered in the light of related factors, are to be found in case studies, among the first of which were those reported by Healy (406). The Joint Committee on Methods of Preventing Delinquency (410), in one of the early reports from the child guidance clinics, told the story of three problem children, including detailed descriptions of behavior. Baker and Traphagen (360) reported seven illustrative case studies, each rated on the behavior scale.

Haggerty, Olson, and Wickman (401) devised behavior rating schedules, especially applicable to young children, in which the occurrence or non-occurrence of each of a series of behavior characteristics is checked by the rater. Norms, based on more than 2,000 children, were made available.

An elaborate study of delinquent behavior symptoms, with an attempt to predict outcomes, was made by Casselberry (374). The study resulted in the adoption of a battery of tests for the prediction of reform, designed for the use of courts and institutions. The sequence of juvenile offenses was investigated by Burkey (370), who found that normal children are most likely to begin their delinquencies by running away.

Armstrong (357) investigated the cases of 660 runaway school boys between seven and sixteen years of age. The chief motive was escape from some emotional conflict with family or school or from some excessive burden of responsibility.

Emotional and mental characteristics—Healy (406), who pioneered in the laboratory study of delinquents, denied having "the slightest inclination to place delinquents as such in the list of abnormal individuals." However, his investigations revealed that certain mental and emotional abnormalities are closely linked with misbehavior, and his case studies, together with his general conclusions, stimulated much of the early research along this line. In a later study Healy and Bronner (404) pointed out that "the mentally abnormal among delinquents constitute a much greater proportion than is found in the general population." Of the 4,000 cases studied they found 72.5 percent to be "definitely normal."

Glueck and Glueck (397) found their delinquent children of considerably lower mentality than a comparative group of public school children, with an "excess of dull, borderline and defective individuals." Their further analysis of the mental condition of this fairly typical group of approximately 1,000 delinquents revealed "a question of mental abnormality" in 47 cases; 3 were definitely psychotic; 39 constitutionally inferior; 19 psychopathic personalities (e.g., egocentrists); 13 were designated as "pe-

cular" personalities; 10 showed epileptic characteristics; 5 were diagnosed as psychoneurotics; 70 showed marked adolescent instability; and 350 manifested an abnormal degree of various deviant personality characteristics such as impulsiveness, oversuggestibility, marked sensitiveness, etc. They further stated that none of the foregoing characteristics or traits was found in 44.3 percent of the 1,000 cases. Their general conclusion is that three-fifths of the children had "marked emotional and personality defects."

Ackerson (349) found personality and conduct traits closely interwoven, although each of the two types of problems has its own peculiar patterns. Paynter and Blanchard (435) emphasized the importance of observable personality characteristics on the ground that they are as likely to lead to vocational and social maladjustments in maturity as are the overt behavior disorders which are forced upon the attention of teachers.

Many recent writers take the psychoanalytic view that delinquent behavior is closely bound up with restriction and renunciation of instinct. Alexander (354) contended that criminal behavior is acquired when these conflicts are unresolved. Personality, as expressed in social participation, is associated with delinquency, according to the findings of Atwood (359), who scored matched groups of 100 delinquent and 100 non-delinquent boys twelve to sixteen years of age in this respect. At every age except twelve the delinquents scored higher (meaning more participation) than the non-delinquents.

Boynton and McGaw (367) submitted a list of some forty traits which, in the opinion of teachers, are most likely to cause children in the fifth and sixth grades to be considered problem cases. The average number of undesirable traits for a child was 7.23. Among these are many personality traits, such as inattention, carelessness, sullenness, lack of interest, overactivity, quarrelsomeness, "cuteness," stubbornness, shyness, and suggestibility. The conclusion was reached that subtle personality disturbances are more symptomatic of potential delinquency than are infractions of school discipline; but that teachers are concerned disproportionately with behavior related to classroom disturbance.

Courthial (380) used a series of tests to study the emotional reactions of delinquent girls, with the finding that they are less well adjusted socially, and suffer more feelings of physical discomfort, than do non-delinquent girls of matched age, intelligence, and environment. Laslett and Manning (415), after applying the Laslett test of delinquent tendencies and the Murray psychoneurotic inventory to 332 high-school pupils, found no significant relationship between delinquent tendencies and emotional maladjustment. Moore (424), in a comparative study of 150 problem boys and normal children, found the former to be less stable emotionally, with indications that certain antisocial deeds of apparent bravery are merely compensatory reactions for an underlying fear.

The personal attitudes of delinquent boys were investigated by Reusser (440) who found them more critical than the average boy and less critical of themselves than were non-delinquent boys of similar age, grade, intelli-

gence, and socio-economic status. Mental conflicts in behavior cases were described clinically by Healy (407).

Methods of observation—Prior to the development of clinical technics there were no reliable methods for observing the characteristics of behavior problem children. Reports of parents, teachers, and police officers were often inaccurate and prejudiced. The clinical method, introduced into the Chicago juvenile court by Healy (406), was soon accepted as a regular procedure by courts and institutions. Among the early reports of these technics are those of Bronner (369), Fernald (393), Kuhlmann (412), Weidensall (466), and Williams (473). More recent examples are those of Adler (351) and Fenton and others (390).

Methods of observation include (a) personal interviews; (b) testing; (c) studies of family and environmental conditions; (d) evaluation of school and home behavior; and (e) observations of parole or after-success.

A general discussion of methods and procedure used in the Harvard Crime Survey was offered by Glueck and Glueck (397). Casselberry (374) developed an objective method for the analysis of delinquents, based on tests and other forms of investigation. Ackerson (349) described a special technic for studying children's behavior problems. Anderson and others (355) set forth the procedures used in a typical child guidance clinic. Baker and Traphagen (360) prepared a detailed description of a new technic embodied in the Detroit Behavior Scale, with directions for its use. Olson (431) worked out a diagnostic method especially applicable to the study of problem children. Selling (445) and Doll (386) prepared handbooks for use in the examination of offenders.

Many studies are available in which intelligence and achievement tests serve as the basis for the investigation of delinquency. The current tendency is to utilize tests of non-intellectual traits, especially those related to emotional stability and attitudes. Fenton and Wallace (392) surveyed the use of tests in twenty-eight child guidance clinics. Haggerty, Olson, and Wickman (401) developed two schedules for the study of problem tendencies in children, with special reference to factors entering into maladjustment.

The test series of Raubenheimer (436) was planned to detect problem tendencies in the potentially delinquent. A new test of delinquency was described by Laslett and Manning (415) who showed its application to high-school pupils. An inventory of interests, especially applicable to child guidance clinics, was described by Wallace (465).

Most studies of problem children, even when based largely upon psychological tests, make use of case histories and other supplementary methods for the exploration of environmental factors. An excellent outline of case procedure is found in Glueck and Glueck (397). Williams (472) devised a method of grading home conditions, used for the study of the social backgrounds of delinquents, and the use of a similar scale for grading neighborhoods was reported by Clark and Williams (377). Records of after-success of delinquents were reported by Fenton and others (390). A report on the adjustment of clinic cases under a child guidance program was given by Davidson (382).

Prediction of delinquency—Attempts to predict delinquency are based largely upon studies of behavior symptoms in children who have not yet become delinquent, in the light of the early behavior of children who become delinquent. Ackerson (349) made a comprehensive study on the feasibility of inventorying children's behavior traits with special reference to the analysis of commonly recognized gross behavior patterns, most of which represent forms of maladjustment common to delinquent careers. Boynton and McGaw (367) found, in a checklist of forty traits in problem children, certain ones (inattention, carelessness, lack of interest in work, unwillingness to study, tendency to disturb classes) to be of such relative frequency as to suggest the further development of maladjustment. Burkey (370) found a predictive sequence of offenses; e. g., normal children who begin with truancy and incorrigibility take readily to stealing. Dickson (384) believed that teachers can be trained to recognize early symptoms of maladjustment, a view evidently shared by E. T. Glueck (396). The method proposed by Olson (432) is in a sense a prediction of further maladjustment. Speer (454) found the Bernreuter Personality Inventory to be of no aid in prediction of problem tendencies.

Causes of Behavior Difficulties

It is generally agreed that behavior difficulties cannot be attributed to any single cause or pattern of causes. Neither can such maladjustment be said to be solely hereditary or environmental. The patterns of causes, or, more properly, related factors, involve both constitutional and environmental conditions.

Constitutional factors—The situation with respect to heredity in delinquency has changed little since the early summary by Healy (406) in which he said: "The whole problem of human conduct is so complicated by environment and other genetic factors, that only now and then do we get satisfactory evidence of the part that heredity plays in the background." Investigations in California based upon extensive family history case work, revealed no evidence that delinquency, as such, is inherited (471). These studies and others of more recent date, however, show the relationship of behavior maladjustment to certain traits more definitely traceable to hereditary origin, feeble-mindedness, epilepsy, emotional instability, and nomadism. Healy reported cases of inherited excess energy, irritable temper, hypersexual tendencies, and certain physical characteristics, all of which appeared to be major factors in maladjustment. Fenton and others (390) implied doubt that heredity is an important factor, although pointing out that delinquents, on the whole, are of lower intelligence than unselected children, and that certain races contribute more than their proportion to the institutionalized delinquent population. Glueck and Glueck (397) offered no direct evidence of hereditary causation.

Environmental factors—Most investigators agree that environmental factors are potent in the causation of behavior maladjustment, although the

precise connection is difficult to establish. Francis and Fillmore (394) reported an extensive study of the influence of environment upon the personality of children. Sheldon (449) computed indexes for male delinquency and five variable social factors. Inter-trait correlations ranged from .51 to .75, with a multiple of .84. A small proportion of families contributed a large proportion of offenses. Healy and Bronner (404) included a large number of factors, chiefly environmental, in their summary of causation: bad companions, adolescent instability, early sex experiences, mental conflicts, social suggestibility, love of adventure, motion pictures, school dissatisfaction, poor recreations, street life, vocational dissatisfaction, and sudden impulse. Glueck and Glueck (397) and Fenton and others (390) also emphasized complex environmental patterns.

Physical conditions have not been found important; delinquents on the whole, are within normal limits physically. Healy and Bronner (404) found physical conditions of all sorts to be causally related to delinquency in only 5.6 percent of the cases. Christie (376) found little evidence of causal relation of physical defects. Molitch and Adams (422) found significant frequency of hearing defects among delinquent boys. Molitch and Eccles (423) found no significant deviation of delinquents in calcium metabolism. On the other hand, Timme (460) found a slightly higher incidence of physical defects among problem than among non-problem children. Tobias (461) found indications of syphilis in 14.2 percent of a group of delinquents, but made no attempt to show a causal relationship. Armstrong (356) found evidence that primogeniture is related to delinquency, in cases in which the offense is against the home, while Parsley (434) found nothing significant in the ordinal position of delinquent girls, or in the size of the family. Sletto (452) found no greater tendency to delinquency on the part of the only child and no significant relationship to ordinal position.

School conditions appear to be related to behavior maladjustment in numerous ways. Delinquent boys and girls are often retarded in school. Glueck and Glueck (397) found their cases considerably more retarded than the general school population of the same area, even when allowances were made for mobility of the families. Fenton and others (390) found that 47.5 percent of 400 delinquent boys were retarded by age-grade status, while only 2.5 percent were accelerated. The New York State Crime Commission (428) reported that truants, as a rule, disliked academic subjects and tended to fail, while they enjoyed and pursued successfully the shop subjects. Boynton, Dugger, and Turner (368) submitted evidence that the emotional stability of teachers is reflected in the behavior of pupils. Healy and Bronner (405) found school conditions often directly contributory to delinquency.

Home conditions of delinquent children have been extensively studied. Using the Whittier scales for grading homes and neighborhoods, Williams (472) found lower indexes for delinquents than for non-delinquents, but pointed out that delinquents sometimes came from apparently good homes,

and that even the bad homes contributed relatively few delinquents, considering the number of children in the family. Hodgkiss (409) found that 67 percent of a group of delinquent girls came from broken homes, while only 45 percent of a matched control group came from such homes. Glueck and Glueck (397) found the home broken by death of one or both parents in 26.7 percent, and by desertion, separation, or divorce in 18.8 percent of their cases. Fenton and others (390) found 59 percent of broken homes, against a normal expectation of 25 percent. Keogh (411) found relatively more broken homes in cases of runaway boys than in a control group. Maller (419) reported that of New York City delinquents, 39 percent of the boys and 55 percent of the girls came from broken homes. Approximately 50 percent of the families of a selected group of Wisconsin delinquents are receiving incomes below the health and decency living level established by Paul Douglas (372). The analysis indicated a direct influence of economic factors in the causation of delinquency. Gilmore (395) reported a study of five generations of a begging family, revealing a transmitted social pattern of behavior. Seagoe (444) found that presentday transient pupils commit more social acts than do other school pupils. Sullenger (457) found a relationship between economic status and delinquency, and an especially high delinquency rate among newsboys.

Reinhardt and Harper (439) compared the environmental factors of delinquent and non-delinquent boys, and found that the former had fewer club affiliations; came from larger families, from families of male dominance, and from mobile families; had fewer tools of culture (books, etc.); attended church less regularly; had older fathers, and greater disparity in parental ages.

Studies of delinquency areas reveal significant concentrations of behavior problems in different communities. The exhaustive investigation by Shaw and others (448) included maps showing such areas in Chicago, the ratio of delinquency varying inversely with the distance of the area from the business center of the city. He assumed that "delinquent behavior is very closely related to certain community situations which arise in the process of city growth." Maller (418) reported delinquency areas for New York City, Wilson (474), and Adler, Cahn, and Stuart (350), for communities in California.

Mental Aspects of Behavior Maladjustment

Results of intelligence tests—The use of intelligence tests with groups of problem children has resulted in extensive discussion and controversy. Originally a method of exploring what were believed to be basic factors in conduct, namely, intellectual concepts as related to moral judgment, such tests are now regularly applied wherever problem children are under observation. In his early studies Healy (406) used tests of his own devising together with other tests which were in process of standardization. Later studies were based largely upon Binet tests. A summary of these early tests, with results of testing at Whittier State School, was presented by Williams

(473). A summary including more recent work was given by Lane and Witty (414). Most of these investigations found delinquents to be of lower intelligence than non-delinquents, and the percents of mental deficiency were often large.

McClure (417) reported, for a group of Toledo juvenile court cases, a Stanford-Binet I. Q. range of 40 to 118, with a mean I. Q. of 79.34. Girls tested slightly higher than boys, and colored children slightly lower than whites. About 1 percent of the whole group classified as superior; 27.14 percent as borderline; and 24.92 percent as clearly feeble-minded.

Growden and Calhoon (400) found, in 1,104 admissions to the Ohio Boys' Industrial School, feeble-minded, 6.8 percent; defective delinquents, 14.3 percent; psychotic, 0.3 percent. Of 313 girls, 17.5 percent were classified as feeble-minded; 4.7 as defective delinquents; and 1.2 percent as psychotic. Rogers and Austin (441) showed a distribution of the intelligence quotients of 3,584 children from the juvenile court of Toronto, Canada. A normal frequency curve was indicated, with a mean I. Q. of 82.2. Correlations of first tests with retests ranged from .63 to .82, the highest correlation being obtained between tests given five years apart. Their classification was: superior, 1.96 percent; normal, 24.52 percent; subnormal, 59.72 percent; deficient, 13.9 percent. Selling (446), in a study of juvenile automobile thieves, found a median I. Q. of 83 with a range of 57 to 112. Snyder (453) used Stanford-Binet tests with 100 consecutive admissions of boys and 100 consecutive admissions of girls to the Pennsylvania State Training School. The average I. Q.'s were: boys, 71.25; girls, 71.46. The classification for boys was: normal, 8 percent; dull-normal, 14 percent; borderline, 28 percent; high moron, 35 percent; low moron, 15 percent. The classification for girls was: normal, 7 percent; dull-normal, 17 percent; borderline 31 percent; high moron, 33 percent; low moron, 12 percent. Lane and Witty (414) found 700 delinquent boys in the St. Charles (Illinois) School for Boys, by the Otis Group Test, to range in I. Q. from about 50 to about 129, the mean I. Q. being 87.96, the median 88.25. More than 80 percent were rated as being below average mental ability, and 10 percent as feeble-minded. Correlation of Otis and Binet tests of 145 cases was .84. The mean I. Q. of children from delinquency areas was somewhat lower than those from districts where delinquency is infrequent. In studies of behavior problems in high schools, Laslett and Manning (415) found a mean I. Q. of 105.8. Fenton and others (390) found Stanford-Binet tests to give a mean I. Q. of 91.7 and a median I. Q. of 90.4 for 393 delinquent boys at Whittier State School in California. It was pointed out, however, that subnormals have been largely eliminated or refused admission. His classification was as follows: feeble-minded, 4 percent; borderline, 15 percent; dull-normal, 29 percent; normal, 41 percent; superior normal, 8 percent; superior, 3 percent.

That the distribution of intelligence among the inmates of institutions for delinquents varies greatly with the institution policy concerning the admission and retention of cases was shown by Sullivan (458) in a com-

parative chart of the intellectual composition of Whittier State School in 1918 and 1926. During that time the mean I. Q. changed from about 82 to 91, the percent of feeble-minded from 29.9 to 2.2, and the percent of superior cases from 5.5 to 10.9.

Glueck and Glueck (397), in their study of 1,000 delinquents, classified 41.6 percent as normal or supernormal; 28.2 percent as dull; 17.1 percent as borderline; and 13.1 percent as feeble-minded. The relation of intelligence to specific types of misconduct was analyzed by White and Fenton (468) who found forgery to be the only offense significantly associated with high mental ability. Slawson (451) concluded that the deficiency of delinquents is mostly manifested in verbal intelligence and that in non-verbal intelligence such boys are on a par with non-delinquents. Doll (387), reviewing and discussing investigations in this field, concluded that apart from large incidence of feeble-mindedness, criminal intelligence is not inferior to that of the non-criminal population.

Results of achievement and aptitude tests—The educational retardation of delinquents as indicated by age-grade status is usually substantiated by achievement tests, although in individual cases the achievement is higher than would be indicated by rate of promotion in school. Sullivan (458) applied Stanford Achievement tests to 304 delinquent boys at Whittier State School, with the result that the group showed marked retardation in educational age and in all subject ages. The average retardation in educational age was two years, five months from chronological age, and one year, one month from mental age. There was less retardation in reading than in other subjects. In some cases Sullivan concluded that educational retardation was the main cause of the maladjustment. In the same institution, five years later, Chase (375) found mean achievement ratios to range from 80.9 (arithmetic computation) to 101.4 (paragraph meaning). Achievement in reading was consistently higher than in other subjects. Lane and Witty (413), in a study of delinquent boys, found their subjects more seriously retarded in educational growth than in mental development.

Paynter and Blanchard (435), using Stanford Achievement Tests and the Otis Classification Test, found problem children admitted to child guidance clinics to have educational quotients varying from 37.4 to 102, but concluded that there is no consistent tendency for such children to be of low achievement when all factors are taken into consideration.

In a study of mechanical aptitude reported by the New York State Crime Commission (429), delinquent boys were compared with their non-delinquent brothers. Although the former were of lower intelligence, they were superior to their brothers in mechanical aptitude, and even slightly superior in this respect to unselected children. Moore (424), however, found problem boys inferior in mechanical aptitude.

Mental disorders in behavior problems—Evidences of mental disorder, apart from mental deficiency, are recognized by many investigators, although varying methods of classification and diagnosis make comparison

of groups difficult. Healy and Bronner (404), in analyzing 4,000 cases studied in Chicago and Boston juvenile courts, found definite psychoses in 5.6 percent of the Chicago cases, and in 1 percent of the Boston cases. The lesser frequency for Boston was attributed to the better local facilities for the study of psychoses. Psychopathic personality, enumerated only for Boston, occurred in 2.8 percent of the cases. The frequency of epilepsy was 5.5 percent in Chicago and 1.6 percent in Boston. Glueck and Glueck (397) found, in 1,000 delinquents, "certain identical complexes of an emotionally-toned, obsessive, recurring nature," but none of these "mental mechanisms" in 86.3 percent of the cases.

Treatment of Behavior Problems

Provisions in regular schools—Educational facilities for problem children are surveyed in a *Research Bulletin* of the National Education Association (427), wherein it is suggested that such facilities "appear to be meager." The aspects of the problem stressed are, first, the making of special provisions for the potentially delinquent child, and second, the rehabilitation of children who have been dealt with by the courts.

E. T. Glueck (396) takes the position that inasmuch as the control of antisocial behavior involves the concentration of social forces and agencies, the elementary school should assume the responsibility for the early recognition of delinquency and participation in a treatment program. This view is shared by Dickson (384) who believed that teachers can and should be taught to recognize the symptoms of behavior maladjustment. Durling and Powell (389) advocated the more extensive use of special classes in the schools as a less expensive alternative for institution treatment, and more care in regular school classification on the ground that behavior difficulties are not so likely to occur in children whose work is of a difficulty commensurate with their ability. Sayles (442) gave examples of methods used in dealing with problem children in the school. A committee of the National Education Association (426) developed a plan for training teachers in this field. A relatively new and promising educational contribution is that of the visiting teacher (381). An investigation conducted in ten Minneapolis schools undertook to discover ways of improving the behavior of kindergarten children by observing types of activity and recording teachers' remarks about them (383).

Special schools—The segregation of problem children is effected in city school systems by the establishment of special institutions of the parental school type. These differ from most state correctional schools in that they are under the control of educational authorities, and are financed with school funds. State laws provide for twenty-four hour parental schools in Illinois, Pennsylvania, and California. In some instances such schools are maintained under private auspices. They are usually small and emphasize manual and prevocational work.

Examples of institutions maintained by city school systems, cited in a report of the National Education Association (427), include the Thomas A.

Edison School in Cleveland, enrolling about 1,500 boys who are educationally maladjusted elsewhere, and the Montefiore Special School in Chicago. The functioning and accomplishments of the latter school were described by Dolton (388).

The junior republic type of school, based on self-government, appears to have been successful in certain cases, although some doubt has been expressed as to the effectiveness of the plan. Thomas and Thomas (459) believed that self-government is a convenient device, but questioned its use in the treatment of delinquency, inasmuch as it allows children to depend on "a form of group approval which may have little extra-institutional force."

The work of state institutions for delinquent boys was described in a survey by Bowler and Bloodgood (365) who reported intensively on five institutions: Whittier State School, Whittier, California; Boys' Vocational School, Lansing, Michigan; State Home for Boys, Jamesburg, New Jersey; State Agricultural and Industrial School, Industry, New York; and Boys' Industrial School, Lancaster, Ohio. The work of institutions for girls was described by Reeves (438).

Fenton and others (390) reported on some of the recent developments at Whittier State School, in which the school program in all its aspects is correlated with the diagnostic work of the Bureau of Juvenile Research. Included was a stenographic report of a guidance conference in which various members of the staff participated and formulated recommendations for treatment. Semans (447) made a special study of the recreational program for younger boys at an institution for delinquents, and developed a plan for the improvement of this phase of institution work. Evaluations of the training programs of institutions were offered by Asher (358), Dobbs (385), and Caldwell (373).

Aichhorn (353), a Viennese, and a disciple of Freud, organized a school for problem children some of whom were especially difficult cases. His approach was that of psychoanalysis and his results were described largely in terms of changes in attitude and personality in individual cases. Adler (352) predicted that institutions will tend to specialize in the training of the more difficult cases.

Special segregation problems—One of the perplexing problems of schools for problem children is the proper care of the mentally deficient. While some of these can be transferred to institutions for the feeble-minded, the difficulties in the way of such transfers are great. Since the discovery that large numbers of delinquents are mentally deficient, there have been efforts on the part of most correctional schools to reject such cases, with the result that the percent of feeble-minded in correctional schools has steadily declined. Merrill (420) recommended special institutions for defective delinquents, to have the characteristics of schools with the security of prisons. Commitment should be indeterminate, with careful diagnosis and treatment and gradual adjustment to social situations of increasing complexity. It has been shown that subnormal offenders, despite difficulties

of training, can be so treated as to become reasonably well adjusted (450).

Foster homes—In a study of several hundred children placed in foster homes (408) it was found that the ratio of success with such treatment is high, especially attributed to the factor of removal from the disturbing sphere of influence. However, the success varies with mentality and personality, and it is recommended that foster-home placement be made only upon expert advice. Glueck and Glueck (397) found that 225 of their 1,000 delinquents had lived in foster homes, and agreed with the contention that such placement should be handled with great care, and in the light of diagnostic data.

Relationship to Courts and Society

Extent and distribution of delinquency—It is estimated that the number of children brought before the juvenile courts in the United States annually approximates 200,000, the number of boys exceeding the number of girls in a ratio of five to one (427). It is evident, however, that court cases constitute no index of the actual number of problem children for whom no reliable estimate is obtainable. Data from the Children's Bureau (463) showed that, in 1930 eighty-eight juvenile courts in the United States handled 50,000 cases, including 40,000 white and 10,000 colored children.

Juvenile court procedures—Referred to by Healy and Bronner (405) as "that notably American institution," the juvenile court has greatly extended its work and importance in recent years. An account of its scope and procedure was given by Lou (416), including history, organization, and special technic. Scott (443), viewing the problems of the juvenile court from the judge's bench, recommended that the work of the court should be based on consideration of the total individual in his setting. The function of the court is becoming increasingly preventive, although it must continue to deal with cases of advanced delinquency. It has been shown that although the juvenile court cannot fairly be held responsible for the failure of many of its cases, changes in the present set-up are probably necessary and research is needed to that end (403). In the field of probation S. Glueck (398) contended that we are in the wasteful stage of "extensive agriculture"; the equipment is inadequate, the personnel insufficiently trained, and both supervision and record-keeping are in need of radical improvement. Scientific methods alone offer a solution. Beard (361) gave data based on records of 500 children studied at the Judge Baker Foundation and later placed on probation by the Boston Juvenile Court. Success is measured in terms of preprobation conditions. Beckham (362), reviewing the range of jurisdiction of juvenile courts in the United States, concluded that the range of cases and authority of the court could well be extended.

Prevention of delinquency—It is generally agreed that delinquency is preventable, and that prevention requires the use of more research and guidance methods, and appropriate coordinated efforts of home, school, and community. A few years ago it seemed that a solution would be afforded by the twenty-four-hour school, and some states have enacted legislation auth-

orizing the establishment of such schools. At present the most promising lines of approach are the child guidance clinic and the coordinating council.

The child guidance clinic, established specifically as an agency for the prevention of delinquency, has grown rapidly in extent and influence. Stevenson and Smith (455), reviewing a quarter century of child guidance work, said:

Clinical service for child guidance gives effect, on a limited scale, to the best current thinking about the way to prevent delinquency and mental disease. While its failure to develop conclusive methods for measuring results makes it impossible to say definitely that it does prevent delinquency or mental disease, evidence of a subjective and personal sort, impressive in the mass, indicates that it can and does relieve specific tensions in children, free them from crippling demands, add to their happiness, smooth their way.

The work of a typical child guidance clinic was described by Anderson and others (355) who reported on the accomplishments of six years' work in Los Angeles. The working policy is summed up as follows:

The Child Guidance Clinic is a team. By pooling the knowledge, experience, and "conditioned reflexes" of trained workers in the fields of social case work, psychology, medicine, and psychiatry, it is possible to bring to the study and treatment of an individual child a combined intelligence which, when backed by enthusiasm and supplemented by the common garden variety of "horse sense" and aimed directly at finding an answer to the question "What can be done about it all?" should, theoretically at least, prove a powerful agent in solving the perplexing problems that are the daily grist of the child guidance mill.

The need for coordinated efforts was emphasized by Truitt (462), in an address to a group of psychiatrists:

Prevention of behavior problems is no monopoly of the psychiatric group, and the isolated efforts of this group involve a struggle against all sorts of undercurrents in the fields of industry, law, education, public health, housing, politics, etc. Psychiatry will operate in a vacuum until it can join forces with preventive work in other fields and evolve with them common methods of preventing difficulties which contribute to undermine public health—mental and physical. Our methods for preventing delinquency will be only partially effective so long as allied groups fail to understand our purpose and to see how our work may reinforce theirs.

Bowman (366) showed how community recreational projects, especially during the summer months, may be effective in the prevention of delinquency. He believed the problem is essentially an educational one, and that all social agencies in the community should coordinate their efforts to make the recreation program effective. "The home, where values normally group themselves about the effort to make life whole, should be an intimate part of the scheme."

The coordinating council was described by Fenton (391) as "the voice of the community expressing in action its ideals and aspirations, its hopes for the progress of human society." The movement in California originated in the city of Berkeley and in 1931 had extended to eighty-one communities in that state. The coordinating council consists of a group of persons representing various educational and social agencies in the community which assumes responsibility for the diagnosis, guidance, and treatment of

problem children. There is some evidence that delinquency is appreciably reduced in communities in which these organizations have been formed. Cooperative community efforts in an Indiana city are reported to have increased school attendance by 7.5 percent, and for eight months no new cases of delinquency were brought from that area to the juvenile court (379).

Other social problems found to be related to the prevention of delinquency are unemployment insurance (475), the economic depression (364), and race attitudes (363). Beard (361) recommended measures of the following order as being most promising for communities wishing to prevent delinquency: parental education, adequate family income, periodic medical examinations for all children and free treatment when necessary, adequate recreation facilities, flexible school curriculum and cooperating clinics, vocational guidance for all children with an adequate follow-up system, enlarged court facilities, better trained probation officers, and better contact between the court and child guidance clinics.

Summary

Behavior maladjustment in children is widespread, and varies from slight misbehavior to serious delinquency. Misbehavior in school usually begins with minor infractions of school regulations, such behavior being often overrated in importance by teachers, who are apparently more concerned with orderly school procedure than with pupil development. Behavior of this sort, however, is often the forerunner of a career of juvenile delinquency, and it appears possible in some cases to predict outcomes. The causes are probably both constitutional and environmental, but there is no evidence that delinquency as such is inherited. Much relationship is found between delinquency and environmental factors, although direct causes are seldom established. Behavior problem children are usually below average in mental development, the percent of mental deficiency among them being greater than in the general school population. Special mental conditions and emotional disturbances are of relatively high frequency, and are generally considered as having a causal relationship. The machinery for treatment includes special classes, special schools of the parental-school type, and institutions, usually maintained by the state, receiving cases through the juvenile courts. There are also private special schools, including those of the junior republic type. The placement of problem children in foster homes is used as an alternative to institution commitment. The juvenile court is extending its sphere of influence, especially through probation procedures. The child guidance clinics are helpful in individual cases, and have contributed much to the understanding of the problem child. These clinics reach relatively few cases, however, and their influence on the prevention of delinquency is as yet unmeasured. The newest development is the coordinating council, wherein various agencies in the community work together for prevention of delinquency.

CHAPTER VI

Physically and Mentally Exceptional Children

SINCE BEHAVIOR PROBLEMS AND DELINQUENCY were reviewed in the preceding chapter, this discussion of exceptional children is limited to those showing two general types of variations: (a) physical and sensory defects and (b) intellectual deviations, ranging from feeble-mindedness to genius as well as special talents and defects. There is no scarcity of experimental and research material at hand dealing with these types of cases. From over 3,000 studies and reports our selection is limited to scarcely over 100.

Physical and Sensory Handicaps

The effects of physical and sensory handicaps extend over a wider range than the loss of educational efficiency. They include social maladjustment with its feelings of inferiority and a struggle to overcome the deleterious effects of one-sided competition, which may extend into the classroom. Such frustrations carry the feeling of inferiority into a search for other avenues of compensation which cannot always be achieved. The types of emotional strains arising from such conflict and how they operate in various types of handicaps will be the general theme of this chapter.

General health and vitality—Good health and vitality usually tend to generate hopeful outlooks while poor health is conducive to less hopeful trends. Kanner and Lachman (537) showed that illness frequently develops unjustified apprehensions and undesirable parental attitudes which must be changed. Nilson (558) prepared an age-grade study of 1,500 physically disabled children in the Minnesota public schools and declared that this status was "fairly comparable" to that of regular pupils. A sense of comedy and jollity was powerful in the recovery and restoration of sick children in an institution according to Schmidt-Lamberg (571). Pfleger (563) described the frenzied tyranny exercised over four different girls by a girl with heavily disfiguring features, in an attempt to compensate for her unattractive appearance. Residual assets as well as defect liabilities, according to Crothers (502), must be discovered if children with sensory-motor defects are to be happily educated.

Visual defects—Defects of vision range from slight incapacity to total blindness. All degrees of vision impairment offer problems of adjustment, differing in nature according to the severity of the handicap. Hathaway (526) stated that there are 50,000 partially seeing children in need of special sight-saving education with only 10 percent of them getting such training. Many of these partially seeing children constitute a problem of mental hygiene according to Flanigan (517) who showed that the nervous tension attendant upon unusual eyestrains reflects itself in difficult behavior pat-

terns. The sight-saving teacher faces the double task of instructing in unusual ways accommodated to the visual defects and of restoring and maintaining a better mental and social balance of her pupils.

Various studies show that the unusual powers often attributed to the blind in the use of other sensations are contrary to fact. Koch and Ufkess (542) found that blind subjects tend to be less successful on the average in a stylus maze-learning test than seeing persons. Bechtold (481) discovered that the blind surpassed the seeing in the immediate retention of meaningless material, but were inferior in meaningful material. In the former case the concentration through the ear assisted the blind, but in the latter they lacked the ability to retain the image of the ideas. Persons who became blind after the first five years of life progressively deteriorate in the visual images in dreams as reported by Bolli (488). Dumas (513) found that the blind are incapable of mimicry of the emotions of delight, joy, anger, and fear, and he concluded that such traits are of visual and social origin.

Dry and Cooper (512) surveyed a school for the blind and found many of the inmates also feeble-minded, others pseudo-feeble-minded, stubborn, reluctant to assume responsibility, and extremely inattentive. Other studies of the feeble-minded blind were summarized by Burritt (498) and in two anonymous bibliographies (487, 574). Two blind individuals, Villey-Desmeserets (578) and Cutsforth (503), have written extensive treatises on the limitations and abilities of the blind.

Auditory defects—Combinations of visual and auditory defects were described extensively by Helen Keller (538) and Laura Bridgman (567). Goodenough (522) studied a blind-deaf child and concluded that the primary forms of expressive behavior are determined by native factors. The major problem of the deaf is the extreme social and psychological isolation which the defect produces, and to break down this seclusion is among the most difficult teaching processes. According to Haines (525), deafness is characterized by an isolation from much of reality, a childish curiosity to break down the wall of separation, becoming self-centered and often morose, mistaking other people's actions, distorted vocal expression, and often a feeling of inferiority. The deafened person may pretend he is not deaf.

Bieri (485) and Brauckmann (490) showed that the performance of the deaf rises rapidly with the acquisition of speech, although it never reaches that of the normal child. Brauckmann disclosed that speech of the deaf is acquired through exercise of the mechanism of the vocal and speech movements when they are ready to function which is the same principle in the learning of the hearing child.

In his mental survey of the deaf, Pintner (565) found that the deaf child from twelve to fifteen years of age achieves what the hearing child of eight or nine years does, with little difference between the oral and manual methods of instruction. Long (548) found that the deaf and hearing persons are not widely different in motor abilities with deaf boys superior to hearing boys and hearing girls superior to deaf girls. In a balance test Long found

the deaf significantly inferior. Mann (555), in an article on "The Seventh Sense," discussed the great importance of the vestibular sense in aviation, and outlined tests for prospective aviators along these lines.

Pintner (564) and Welles (580) used the Bernreuter Inventory on hard-of-hearing individuals living in small towns and compared them with hearing persons paired in age, education, and social background. The hard of hearing were found to be more neurotic, introverted, and submissive, with no relationship to age at loss of hearing. Those who were clearly maladjusted had a high neurotic score, but the readjustment of many cases was worthy of attention. Lyon (552) reported that 30 percent of deaf high-school boys and girls, tested on the Thurstone Personality Schedule, are either emotionally maladjusted or should have psychiatric advice, but raised doubt as to the suitability of the test to the group.

Orthopedic defects—In addition to the basic unsocial pattern, feelings of helplessness and inferiority, crippled children suffer disturbances of the sympathetic nervous system from distortion of the viscera and various vital organs. Von Baeyer (579) classified three mental distortions of the crippled: (a) the basic disease permanently or temporarily damages the biological substratum of mental life; (b) the condition of being a cripple threatens the free development of the mental capacities; and (c) the emotional tension caused by the experience of being a cripple may manifest itself in neurotic phenomena.

Studies of the intelligence of crippled children have given the impression that they are quite backward mentally, but in more recent years surveys of schools for the crippled, such as those in Detroit, show an encouraging improvement in the I. Q. levels to about 90 rather than ten to fifteen points lower. This result is thought to be due to a better understanding of the functions of these schools with the consequent enrolment of better classes of children mentally. Witty and Smith (584) reported an average I. Q. of 84.5 on 1,480 crippled children. Lee (546) reported the I. Q.'s of 148 patients in the Seattle Orthopedic Hospital appreciably below that of normal children. Winkler (583) found 100 crippled children only slightly retarded with greatest handicap in imaginative activity or in powers of observation.

Williamson and Christian (582) examined disabled students at the University of Minnesota as to mechanical, artistic, clerical ability, space relations, dexterity, etc., with necessary reorientation of some who had previously been given too much encouragement as to their possibilities, motivating those with poor morale, discovering mental disorders of which the students were often unaware. Since there are at least 10,000 crippled children in the United States and only one-tenth are receiving any special attention, Ingram (532) stresses the purpose, adaptations, and values of special orthopedic schools.

Cardiac disorders—There are many thousands of cases of cardiac impairment which do not present obvious external symptoms, although the

fatal effects operate in sudden and unexpected places. Bronk and Ferguson (494) conducted physiological investigations which showed that the vagal branches going to the heart carry a large number of sympathetic fibers which conduct impulses concerned with cardiac acceleration. That the heart is very persistent in its reactions was shown in experiments on cats by Britton, Hinson, and Hall (493). They proved that after one and a half minutes of excitement the heart rate is approximately 50 percent over that of the normal, and that animals who were subjected to emotional stimulation every second day over a period of eight weeks showed no diminution on cardiac response. Lombard and Cope (547) discovered that the systolic phase of the heart is longer and the heart rate faster in women than in men. Fulstow (520) found that the weight of the hearts of schizophrenics underwent the same changes as in normals, but with a weight somewhat less than for normals.

Children and adults may use their physical cardiac handicap as an excuse for abandoning any competitive behavior according to Foster (518). Thus they uncover features of their personality which had otherwise been concealed and dormant. Emotional states may produce physiological states which are interpreted as cardiac abnormalities. Sigel (572) also found restriction of activities with a very high correlation between the presence of cardiac difficulty and mental hygiene problems. The majority of cardiac patients do not complain of subjective symptoms, whereas those who do complain usually have emotional problems.

Epileptic disorders—Eyrich (514) distinguished three typical syndromes of epilepsy: (a) slowing of all psychic functions with loss of spontaneous activity; (b) explosive irritability with egocentric oversensitivity to slights of interests and vanity; and (c) hyperkinesis with elemental compulsive restlessness, increased suggestibility, and poverty of feeling. Bartemeier (480) emphasized the study of actual social situations in which convulsions took place, organization of the family constellation, and sometimes removal to a different environment. Epileptoid reactions in children are classified by Branham (489) into two groups: (a) the latent type of epilepsy with attacks usually at night with the following day characterized by pallor, confusion, and dullness; and (b) the *petit mal* type with headache, nausea, dizziness, flashes of color, unusual pallor, and dilation of the pupils without apparent cause. His stress on mental retardation was confirmed by Patterson and Fonner (562), Bridge (492), and R. R. Brown (497). Grossmann (523) interpreted their frequent criminal trends as an attempt to conquer death in themselves which always seems imminent, and annihilation is paid back with annihilation. In religiosity they hope for liberation from the fear of death.

Dr. O. P. Kimball has recently done experimental work in Cleveland and Detroit with medication for epileptics which attempts to control changes in the chemical composition of the brain of epileptics. He modestly claims reduction in seizures in more than one-half of the children under his care.

In Detroit a first public school for epileptic children has been established, with the theoretical increase of seizures due to exposure and suggestion failing to materialize.

Endocrine phenomena—The ductless glands or the endocrines have been investigated with regard to disturbances in physical growth, mental development, and disturbances of character, personality, and behavior. "Toledo's strong boy" had a sexual and anatomical development of an adolescent when only four or five years of age, resulting from a suspected tumor of the pineal gland according to McClure and Goldberg (553). Fassbender (515) reported on a similar condition in a seven-year-old girl with premature development of genitalia. Rockwell (568) reviewed over 200 publications on effects of the thyroid gland with voluminous evidence of disturbances of physical growth associated with malfunctioning of the thyroid. Joll's monumental volume (535) dealt exhaustively with diseases and disturbances resulting from the thyroid gland. Studies by Fox (519) and by Kimball and Marinus (539) disproved popular beliefs that sensational changes in intelligence result from glandular therapy. They found among the feeble-minded that treatment tends to check the fall of intelligence quotient and to lend greater stability to general nervous control. Hayward and Woods (527) pointed out the misleading impressions of mental deficiency resulting from hypothyroidism. Lurie (551) reported that of 500 children studied at the Psychopathic Institute of the Jewish Hospital at Cincinnati, fully 10 percent had marked endocrine disorders and 60 percent had some types of internal disorder. In a similar study Rowe (569) found about one-third of behavior cases definitely linked with glandular disturbance. Berman (482) concluded that endocrine disturbances were from two to three times as frequent among criminals as among control groups. All of these studies and many others suggest the great importance of more intensive and general study of the endocrine among backward and maladjusted children.

Manual and motor development—Motor skill and manual dexterity vary among individuals and with reflections in emotional strains and social adjustments. Langdon (545) showed that while there is a central or common factor to manual dexterity among the various activities of any individual there are also specific skills, and the excellence in one phase is not a sure guarantee of similar trends in others. Landauer (544) emphasized the role of motor forces in behavior, with grace and rhythm in the infantile stage, a latent period of awkwardness, followed by adult habits evolving from puberty. These adult motor reactions resolve into a personal tempo for each individual, according to Braun (491), which are not susceptible to any extreme change. Hicks (528) reached a similar conclusion in studying the acquisition of motor skill among young children which seemed to be derived from structural maturation and general practice rather than from specific practice.

Handedness—The determination of preferential handedness in children from two to six years of age was developed by Updegraff (577) on con-

trolled observations and by tests. Preference was usually found throughout all activities, and in 36 out of 40 cases tests and observations agreed. A study of 25 unchanged left-handed and 43 changed left-handed children in handwriting only by Haefner (524), comparing them with 68 pure right-handed children matched as to chronological age, sex, and school grade, showed no significant differences in intelligence, school achievement, height, general interest, or worries. Pyle and Drouin (566) examined the 7 percent of children in three Detroit elementary schools who wrote left-handed, but found a slightly lower level of intelligence and school achievement which they believed to be due to handicaps arising from an environment designed for right-handed subjects. Many cases of letter reversals, inaccuracies, and confusions leading to special disabilities were attributed to handedness by Dearborn (505). Downey (510) noted relapses to the preferred handedness in novel tasks, in curious experiences involving vision, in orientation, and in changes in organic tension. Dominance of function is known to concern eyes and feet as well as hands. The relations of these dominances to each other in individuals is a matter of conflicting evidence.

Nervous and encephalitic children—Since in the preceding chapter on behavior problems and delinquency, physical and nervous causes were considered, only incidental mention will be made here. Chadwick (499) classified children's neuroses under four heads: (a) infantile impulses seeking gratification in conflict with repressions; (b) the child in conflict with infantile impulses; (c) the child's ego in alliance with infantile impulses in open conflict with parents, society, and environment; and (d) the child in conflict with reality.

The cases of post-encephalitis offer some extremely baffling problems related to nervousness. Often the parents and the school are not aware of the presence of this disease and attribute behavior and mental manifestations to deliberate intention of maladjustment. Dawson and Conn (504) presented definite statistical evidence of mental deterioration with cases of encephalitic lethargica. Berrien (484) discussed the similarity of encephalitic and psychopathic children in temper tantrums, uncontrolled emotional outbursts, lying, truancy, petty thieving, lack of foresight, impulsiveness, and sex offenses, but with a dissimilarity that the encephalitic children rate uniformly below their chronological age on all mental tests. The same author (483) found that *only* encephalitic children tend to reverse sex characteristics in drawing the human figure.

Gibbs (521) found that emotional disturbances were the most constant clinical factor in encephalitic cases. Hill (529) noted that following encephalitis there is a loss of inhibition over the primary emotions, with impulsiveness, restlessness, lack of self-control, lack of concentration, disobedience, and defiance. While the number of cases is quite limited, their severe maladjustments constitute a serious school problem.

Speech disorders—Many investigators have noted the close relationship between the changing of handedness and speech disorders, although the

exact nature of this phenomenon has never been established. Oates (559) observed that while sinistrality is not correlated with either superiority or inferiority of intellect, marked departure from unilateral functioning is definitely related to complications in the nervous organization. Kistler (541) discovered that individuals who remain left-handed are generally retarded in motor development and that this same delay in motor development brings about functional disturbances in speech.

Low intelligence is a symptom rather than a cause of speech defects, according to Barnard (479), who also declared that personality traits are more enlightening than intelligence in the study of speech defects, since they point to emotional difficulties as the source of stuttering and kindred speech defects. Smirnova (573) explained that speech, being the most subtle of movements, is the most delicate of them, and hence disorders of speech often arise from general maladjustments. Stutterers are featured by shyness, anxiety, depression, and nervous instability with increasing burden in the face of increasing age and greater social and vocational responsibilities, according to the experiences and observation of W. Johnson (534). Dorsey (509) emphasized that stutterers should be made to act more and think less since this is a disorder of the person, and F. W. Brown (496) suggested personality integration as the essential factor in curing stuttering permanently.

Intellectual Deviations

In this group are children ranging from the lowest level of institutional feeble-mindedness to mental genius. While mental ability has long been recognized as an important factor in success or failure in school, in this report consideration will also be given to effects on personality and social adjustment arising from intelligence and its influence upon school success.

Institutional feeble-mindedness—Many of these cases enter the public schools and sometimes they are allowed to remain unrecognized except as backward children, deriving a minimum of benefit and often causing unnecessary worry and concern to teachers. A common subtype of this group are Mongolian idiots who bear some resemblance to Oriental races with slanting eyes, dark coarse hair, and highly flushed cheeks. They are generally recognized as arising from some debility or unusual condition of the mother during pregnancy. Ordahl (560) found that they are usually among the later-born of families, while Kuenzel (543) gave additional notations on tongues long, thick, and broad often protruding from the mouth, with thick lips, hands dry and chapped, and a shambling gait. They are pleasant and agreeable in contrast to opposite trends in many other low-grade feeble-minded.

Mental growth studies of the feeble-minded by Chipman (501), Moore (556), and Woodall (586), showed a tendency for a slight fall in I. Q. upon repeated tests, Chipman noting that in 79 percent of his cases there was no significant change. Doll (507) estimated that fully 10 percent of the

feeble-minded are characterized by birth injury, which is also attended by handicaps of speech and movement. These, however, tend to lessen later in life. Lowrey (550) is one of several who reported universally that contrary to popular opinion the feeble-minded do not constitute the criminal and delinquent class since they are usually guarded and protected either in or outside of institutions. DeBeer (506) noted a decreased degree of concentration of attention, lack of foresight, and enhanced suggestibility as characteristics of the feeble-minded. In contrast to the American system, the feeble-minded in Belgium are cared for in homes rather than institutions, which affords a possibility of better social adjustment, as reported by Doll (508).

Borderline and subnormal cases—A common practice is to provide special class training in public schools for cases ranging in I. Q. from 50 to 75, but to dispatch the socially unstable of this group to institutions. E. H. Johnson (533), Ide (531), and Kinder and Rutherford (540) emphasized that social adjustment is the critical factor of success or failure within the special class type of children. Kinder and Rutherford found only 14 out of 68 in a five-year follow-up study who were adjusting satisfactorily, and that these 14 were from good social environments, whereas the remainder were universally from undesirable situations. Lord (549) investigated over 400 cases in Massachusetts special classes with a surprisingly large number making satisfactory adjustments, and three-fourths of the homes being also effective. The most extensive follow-up study was conducted by the United States Children's Bureau (500), in which approximately 2,000 cases were followed over a five-year period in several large cities. Approximately 80 percent of the group of 400 cases from the Detroit group of this study were gainfully employed at the time of the investigation. From these studies it may be concluded that the mentally subnormal may succeed when socially stable, and that a mild amount of supervision and placement aid yield surprisingly good returns.

The intellectually inferior and superior—These two groups represent distinct and separate classes of children each with approximately one-fourth of the school population slightly below and above the average, respectively. The inferior group presents some characteristics allied to the mentally subnormal, and the superior, allied to the gifted which is considered next. The most comprehensive discussion of these groups was presented, with Coxe as chairman, by a committee of the National Society for the Study of Education (557) in which the characteristics, the social implications, and problems of instruction and curriculum adaptations were described. McElwee (554) used a checklist of fourteen characteristics, such as school work, good effort, quietness, obedience, and stubbornness, on inferior and superior groups, and while there was an encouraging presence of desirable traits in all levels they were much more predominant in the superior. Baker (477) summarized the opinions of 500 Detroit elementary teachers on differences between these groups. Differences were noted in social and

mental traits more marked than in those of educational achievement, chiefly in the dull being unsocial, selfish, self-centered, lacking in initiative, and honeycombed with all manner of educational disabilities, while the superior were characterized positively in all of these respects. Cohen and Coryell (476) recently prepared a new study on educating superior students at the high-school level, reporting investigations in New York City schools.

The intellectually gifted—The most exhaustive studies of genius have been produced under the direction of Terman (575). The reports, particularly in volume one, show overwhelmingly that the gifted are superior in all types of social and personality traits as well as in intelligence. Finch and Carroll (516) found significant superiority as high-school leaders in 66 gifted matched against an equal number of superior and of average pupils. Jones (536) reported physiological condition and home environment superior in 120 superior children. Great versatility of interests was shown in 300 eminent men reported in the Stanford studies as investigated by White (581), with scientific and literary interests being the most predominant and scholastic and administrative less predominant. Terman (576) reported that satisfactory progress has been made in 40 cities in which special classes for the gifted have been established.

Witty and Lehman (585) characterized the genius as a highly delicate mechanism which is prone to develop nervous instability whenever problems of adjustment arise. They designated him as unstable, often neurotic, and almost invariably eccentric. Hollingworth (530) discussed a gifted girl with respect to lack of conformity in social adjustment. Since the gifted represent a small but very important element of the population, education needs to give more care to problems of their education.

Special talents and defects—This topic has always been marked by spectacular interest, and its results and frequencies grossly overestimated. The cases are probably less marked than supposed, but memory of the rare case of feeble-mindedness with the special ability approaching the average, or the disability of the infrequent gifted serves as an excuse for making less effort to provide for the great majority who run true to form. Baker (478) investigated 900 children nine years of age and discovered approximately 7 percent who offered problems of educational disability. These cases were also suffering from personality and social maladjustments in 53 of 60 cases, which were probably generated in part from failure in one school subject. A. W. Brown (495) studied the unevenness of the abilities of dull and bright children on the Stenquist Mechanical Tests, and Mechanical Assembly, Haggerty Intelligence Examination, Delta 2, and Pintner Non-Language Mental Test and concluded that dull and bright show nearly equal unevenness. Billings (486) reported on a case of inverted writing and drawing but with marked improvement upon special coaching. Cases of specific reading disability were described by Orton (561) who has given special attention to reversals which he ascribes to lack of dominance in cerebral hemispheres. Instruction including directional kinesthetic training

is effective in remedial teaching. Mathematical prodigies were described by Sándor (570) who found Finkelstein superior to Diamandi and Inaudi, but inferior to Ruckle. Requisites for such performances are power of concentration, rapid orientation among figures, interest in and a sentiment for mathematical combinations, knowledge of number theory, sensing of abstract relations discovered empirically, a ready-made stock of partial sums, and auxiliary images. These unusual cases serve as a fine laboratory for educational research.

Summary

There is a wide variety and diversity of types of physically and mentally handicapped children who offer challenges to education. Most of these cases afford problems of psychological and educational disability. They also tend to show evidence of emotional and social deviations which further complicate their educational and vocational success. In order to be successful the schools must make special provisions, and also be able and willing to cooperate with the social, medical, and all other agencies in the community. The education of handicapped children opens avenues for a wider conception of all educational programs.

CHAPTER VII

Technics and Instruments of Mental Hygiene

MENTAL HYGIENE CONCEPTS are synthetic in character and rest on a vast body of case materials and quantitative researches which come through special organizations of knowledge from such fields as psychoanalysis, psychiatry, psychology, sociology, religion, eugenics, and education. The task of the present chapter is primarily to survey the systematic formulations, the technics employed in diagnosis and treatment, illustrative case procedures, and the appraisals of the effects of treatment. To bring the material into the confines of the space allotted and to meet the interests of the majority of readers of the *Review of Educational Research*, preference has been given to systematic treatments, articles with a research orientation, environmental and mental therapies, and work with children. Mental hospital, adult, neurological, and operative studies have been excluded for the most part.

SYSTEMATIC FORMULATIONS

Psychoanalysis

The technics and principles of psychoanalysis have been largely derived from work with adult patients. Adult analyses, however, immediately assign a major role to the patient's childhood experiences. The extensive and early work of Freud, Jung, and Adler is too familiar to require special citations. A résumé of the history and principles of psychoanalysis may be found in books by Healy and others (633) and Hendrick (637). The ramifications of psychoanalytic concepts in many fields were presented in a series of essays edited by Lorand (665).

In recent years direct analytic work with children has become more extensive. The January, 1935, number of the *Psychoanalytic Quarterly* was devoted exclusively to child analysis.

Interested readers may well consult the work of Anna Freud (617, 618, 619), daughter of Sigmund Freud, for orientation. Her emphasis is that every hysteria or compulsion neurosis can be traced to early childhood. Klein (653) has given an exposition of methods used in child analysis. She stressed the role of early anxiety situations in the development of the child. The facts in her presentation are made to bear an elaborate speculative superstructure.

Psychoanalysis has supplied or organized a large technical vocabulary pertaining to the facts and principles of mental life—normal and abnormal. The importance for mental hygiene of concepts such as are illustrated in the following terms is obvious: unconscious, repression, rationalization, conversion symptoms, abreaktions, catharsis, free association, displacement,

identification, transference, projection, complex, pleasure principle, repetition compulsion, libido, ego, id, superego, narcissism, identification, anxiety, inhibition, symbolism, resistance, and interpretation.

Child Psychiatry

Kanner's book (650) was written primarily for pediatricians and has a psychobiological emphasis. A brief section on general principles is followed by a discussion of examination, diagnosis, and case records. Separate chapters are devoted to complaints, age, physical health, intelligence, emotion, sex, constitutional and environmental factors. Treatment is discussed in relation to work with the child, family, and community. Four chapters are devoted to personality difficulties directly traceable to pathological alterations of nervous tissue. Eight chapters are devoted to disorders of functioning which cannot be traced to organic lesions. Tics, disturbances in digestion, respiration, perception, etc., are placed in this category. The last thirteen chapters are devoted to problems involving the personality as a whole. Richards' account (692) was based on the clinical work in Johns Hopkins Hospital. The rationale of psychotherapy with children was well stated by Potter (684).

Child Development

Research in child development has been a particularly productive source of accurate descriptions of the physical, mental, emotional, and social growth of normal children and of experimental studies of the conditions under which behavior may be modified. Investigations have been reported in the February, 1936, *Review of Educational Research* (703) devoted to mental and physical development and in other special issues devoted to learning and the use of tests. Texts in child psychology give special attention to social and personal problems such as those by Curti (609), Goodenough (625), Jersild (642), B. J. Johnson (645), and Stoddard and Wellman (702). Russian pedology has placed similar emphasis upon integrated research (688).

Sociology

Reckless and Smith (691) surveyed the field of juvenile delinquency and summarized some of the outstanding problems and methods of work. The book reports statistical analyses, discussions of physical and mental traits, social background, juvenile courts, and institutional care. Some chapters are also devoted to school maladjustment and readjustment by clinics and placement bureaus. Chapters are devoted to preventive programs and the results of treatment. Glueck and Glueck (623) edited a symposium on crime prevention programs grouped under the large divisions of community, school policy, intramural and extramural guidance, and boys clubs and recreation.

Mental Hygiene

A number of books have been written which relate the principles of mental hygiene directly to education, the community, and the family. Earlier works by Blanton and Blanton (594), Burnham (601), Groves and Blanchard (628), Kirkpatrick (652), Morgan (673), Sherman (701), Symonds (707), and Zachry (725) can be noted only by name. The point of view of psychiatric social work is represented by Bassett (591) and by Lee and others (658). Books first published in 1935 and 1936 are given special mention here. The chief contribution of Wallin (714) lies in the extensive retrospective reports dealing with early difficulties of adjustment on the part of normal persons. Even granting the reservations one must maintain with respect to accounts of this type, the vast number of problems of mental hygiene significance occurring in the family and in home and school situations can hardly be questioned. Mechanisms and modes of adjustment are discussed in connection with the case material. The book by Howard and Patry (639) is concerned with the detection and prevention of unwholesome mental patterns, the hygiene of emotion, child training, and family relationships. The teacher audience has been kept in mind by Rivlin (693) in a book which gives a brief overview of the contributions of various schools of psychology to problems of behavior and to the mental hygiene of the classroom. Shaffer (697) illustrated the possibility of a conception of adjustment which can be stated in objective terms. He avoided the use of psychoanalysis and pointed out the equal acceptability of principles and procedures which are the outgrowth of objective psychology.

Critiques

Mental hygiene concepts have been attacked and defended vigorously from both the scientific and professional points of view. The discussions by research workers have been more concerned with the nature of evidence which is acceptable to support theoretical formulations and with the need for the verification of claims made by exponents of particular schools. On the other hand, professional discussions have been centered upon the unique contributions and competence of workers concerned with children from such fields as education, neurology, psychiatry, psychology, pediatrics, sociology, religion, speech, and general medicine. In practice, clinical organizations usually recognize the desirability of a multidiscipline approach. Increased research and the growth of eclecticism are evidences of the coming of age of a science of human relations.

DIAGNOSIS AND TREATMENT

Diagnosis in the sense of classification has a relatively small place in the mental hygiene literature, most of the attention being devoted to securing types of evidence significant for a solution of a particular problem. Frequently diagnostic procedures are an intrinsic part of a continuing plan which also involves treatment. Systematic discussions of problems in diag-

nosis and treatment were prepared by Symonds (706) and Olson (677). The comparison of delinquents and their siblings offers a new technic for the determination of etiologic factors (631).

The Interview

The interview continues to be the basic method for securing data to determine causative factors, diagnosis, and treatment. The most comprehensive systematic account of the interview is that of Bingham and Moore (593). They described an interview as a conversation with a purpose. Unreliability may be due to the interviewer, the interviewee, or their relationship. It was suggested that an interviewer utilize some interest of the interviewee as the point of departure. A large number of recommendations were given concerned with the establishment of rapport and the method of securing data. The employment, social case, educational, mental clinic, and journalistic interview were described. Problems of testimony involved in court examination and cross examination were discussed and research studies quoted. A bibliography of 338 titles is a useful adjunct.

Young (724) treated briefly of general interview methods but dwelt particularly upon the types involved in diagnosis and treatment in social case work. The diagnostic interview is usually intended to define the situation and the problem, and the subject's motives, attitudes, and aspirations. The value of collective interviewing, as for example that with the family of a delinquent in bringing out conflicts and relationships, was noted.

In the chapter on the technic of the interview she stressed the value of a period of preparatory thinking, but at the same time advised leaving the situation flexible for new developments. Approach, rapport, and physical setting were discussed. The interviewee should know the relationship of the interviewer to the situation. Such details as manner of greeting, facial expression, and personal appearance were regarded as important. The establishment of common purposes, the observance of convention, and "face-saving" are as essential in the interview as in social life in general. Other problems discussed were concerned with dishonesty, the closing of the interview, and the test of its success.

The ethics of the interview situation were considered, and numerous outlines were presented indicating their factual content for various purposes. The conscious use of technics on the part of the interviewer was well described and the interactive process was analyzed. The last three chapters of the book are specifically devoted to a discussion of the dynamics of social therapy. Sympathetic insight, identification, mental catharsis, definition of the problem, the conditioning and reconditioning of attitudes, the supplying of motivation, mutual planning, and satisfaction of wishes are paragraph headings which indicate content. Both mental and social therapy are involved. A bibliography of 242 titles adds to the value of the work.

Promising beginnings on the objective study of the interview were made by Lasswell (657). Specific practical suggestions were made by Allen

(588), Burlingham (600), Moore (672), Sheehan-Dare (700), Symmes (705), and Whitley (719).

Free Association

Free association, especially stressed in psychoanalysis, constitutes an important method of securing data concerning a particular condition which is disturbing the child or adult patient. There is an extensive psychological literature on free association in which a stimulus word is given and the response analyzed either for its logical or emotional relationship. The common analytic practice would be to establish rapport with the patient and then ask him to report freely whatever thoughts came to his mind. The analyst may at times sense the significance of a specific portion of the material and ask for further associations. In this manner emotionally linked material is gradually brought to the fore. Such an association may never have been fully comprehended by the patient or may have been largely forgotten. Patients frequently report dreams in their free associations. The process in itself may be regarded as therapeutic (passive therapy), or the analyst may interpret the material (active therapy) so as to give the patient insight into the problem. Both systematic work and clinical accounts mentioned elsewhere in this chapter give special attention to association methods. Many workers feel that there are limitations in the direct use of these methods with children and they may implement the situation so as to secure associations with toys, child products, or in imaginative play. These methods are reviewed in later parts of the chapter.

Diagnostic Aids

Family and personal history—Most of the systematic accounts mentioned in earlier sections of this chapter contain outlines designed to secure data of importance for treatment. Clinics usually have prepared forms or suggestions. A form usually contains routine identifying data concerning the child, hereditary factors, special abilities and disabilities, educational and health history and status, and some account of the personalities and relationships in the family. The "complaint" with a redefinition of the problem and predisposing and precipitating factors usually finds a place.

Observations of "natural" behavior—The superior validity and reliability of observations made and recorded at the time the specific behavior occurs in its natural setting is coming to be recognized. The value of cumulative records of incidents in behavior journals has been noted by Blatz and Bott (596), Charters (606), Lämmermann (656), Moldovan (671), Olson (676), Randall (690), Winkler (721), Wood (723), and others (686). Such observations may be employed as part of a routine or may be used as a basis for the study of particular children. Methods of using direct observation for measurement purposes were reviewed by Olson and Cunningham (680).

Questionnaires, rating scales, and tests—Summaries of measurement techniques of significance for research and programs in mental hygiene were prepared by Horsch and Davis (638), Maller (668), Olson (678), G. Watson (716), and Symonds (708). Three extensive recent researches should receive special mention. Baker and Traphagen (590) devised a method of scoring 66 diagnostic items having to do with a variety of environmental, historical, and present status material about children. The items and total score were related to the diagnosis of delinquency. A ten-year investigation of sex differences in interests, attitudes, and thought trends was recently reported by Terman and Cox (710). The masculinity-femininity scores were given a quantitative analysis and related to clinical material. Doll (612) elaborated the concept of growth in independence in a social maturity scale now available with a manual of directions and preliminary norms.

Autobiography, biography, composition, diary, poetry—The value of the autobiography as a technic in case work has been best discussed by Selling (696). From some persons a written autobiography is more readily obtainable than the same facts through direct examination. Kamaryt (649) secured some of the earliest memories of seventh-grade pupils. He discovered that many of the recollections thus obtained were accompanied by a strong emotional tone, both pleasant and unpleasant. The amount of recall of the unpleasant tends to question Freudian theories of repression. Dudycha and Dudycha (614) had college students report their preschool experiences and again found such emotional coloring of fear and joy. Bühler (599) indicated the research possibilities of diaries by the analysis of 93 diaries written by boys and girls born between 1830 and 1915. Tramer (713) published the diary of a psychotic child. Analyses based upon samples of poetry composed by the subject have received but slight attention (674). Popovic (683) suggested that the writing of self reports has therapeutic value. He observed two groups of adolescents for several years, one which had practice in writing self reports and the other which had little or no practice. The reports were written as school exercises in composition and dealt with the pupils' intimate lives. The claim is that practiced pupils control their instinctive and emotional life better than the unpracticed. The problem should be subjected to quantitative study.

Dreams—The important role ascribed to dreams in early Freudian literature has continued to find a place in recent studies. Most readers will be content with the summary prepared by Kimmins (651) in *The Handbook of Child Psychology*. He pointed out that healthy children enjoy dreams and the telling or recording of them. He classified dreams as wish fulfillment and fear dreams; kinesthetic dreams; references to fairy stories; compensation dreams; dreams of bravery and adventure, school activities, motion pictures, exciting books, and death incidents; and dreams with conversation, and the presence of other witnesses than the dreamer. The compensatory function of the dream is shown in children in certain types

of schools. Fear dreams are common among the deaf and the blind. A child blind before the age of five never sees in dreams. There has been some success with dream control, but no definite conclusions have so far been reached. The dreams of problem children have been related to the defensive character of their acts by Seidler (695). Willoughby (720) analyzed a simple dream to reveal and realign the motives involved. An extensive analysis of children's dreams was prepared by Jersild and others (644). Cason's study (604) of the nightmare dream includes an extensive bibliography on mechanisms and treatment.

Play and child products—As was previously stated, toys and manipulative materials have been used extensively to implement the interview situation, both for diagnostic and treatment purposes. For example, D. M. Levy (661) used dolls representing the mother, the baby, and a younger sister or brother to bring out the child's reactions of jealousy and sibling rivalry. Liss (664) used puppets and drawings. Ramos (689) and Fries (620) used toys. Lowenfeld (666) utilized free play in a pleasant room as a means of treating psychoneuroses in childhood. Clark (607) took the point of view that we can begin to recognize tendencies in infancy and childhood which may lead to later mental disorders. In the use of play techniques, the child may dramatize his conflicts and reveal mechanisms. The materials produced in drawing, poster painting, finger painting, and plastic work have served as a basis for data collection and interpretation among various investigators (663, 699).

Treatment Procedures

A widely used formula in the mental hygiene approach to problems of behavior is to modify the child, the environment, or both in order to secure adjustment. The distinction between procedures is usually one of emphasis, since there is constant interaction between the child and his environment. General problems of treatment are surveyed in opening sections of the present chapter, and it has been noted that when personal relationships are involved in data collection and diagnosis, treatment may also be in progress. The nature of some of the more specific attempts at environmental or child adjustments will be noted in the following pages. Methods of treatment which involve adding or subtracting stimuli from the child's environment are considered to be environmental adjustments. Such adjustments would include measures aimed at the modification of the parents, home, school, or by transfer to a special institution.

Parent education, family relationships, and the home—The frequency with which the problems of children can be directly related to some undesirable situation in the home has often led to the conclusion that the parent rather than the child should be the focus of a treatment program. A study of means has resulted in an enormous amount of literature on parent education from many points of view. Special literature on research and problems may be secured from the National Council of Parent Education, the National Congress of Parents and Teachers, the Child Study Association of America, or from any of the child research centers. The literature of social work is

replete with studies of methods of handling economic and physical factors and problems of family relationships. The importance of the parent-child relationship and of the desirability of leading the parents to an understanding of their problems was brought out in the discussion of social treatment prepared by Heath (634). When the home cannot be made suitable for the child, foster home placement is a frequent method of adjustment (632).

Educational adjustment—Conflicts between the adjustment ability of the child and the requirements of the school situation have received considerable attention in the literature of mental hygiene. One possible solution suggests a preliminary study of the child to place him at that point in the educational organization which offers the greatest assurance of his success. This method is represented in the report of Noetzel and Hildreth (675). A more definite attempt to modify schools to the nature of children is also apparent in progressive practices everywhere. Avoidance of pressure, competitive comparisons, and discouragement was advocated by Plank-Spira (682) in connection with the adjustment of children having emotional problems. The manipulation of physical features of the environment is receiving attention (646). The effect of special school provisions on the conduct of problem children was described by Stullken (704) in connection with the Montefiore School. A number of private schools have been organized so as to take the child from the complex life of the large city to the simplified environment of country life in a supervised setting.

Institutional treatment—When a child is continually getting into trouble in his natural environment, a frequent recourse has been to place him under supervision in a correctional institution with a simplified environment. The institutional literature is omitted here. The amount of recidivism among graduates of schools of this type has led to considerable pessimism concerning their efficacy. Institutions that have held the correctional and educational function as paramount to that of punishment have done better than others. Institutional placement often appears to be the last resort when family and local community resources fail. Mental hospitals are making more adequate provisions for the care of children. Fenton and others (615) recently prepared an account of the delinquent boy and the correctional school.

Child management, training, and instruction—A series of books describing the technics for situational analysis and physical and verbal control of children was prepared by Waring and Wilker (715). Environmental and child management constitute the content of books by Blatz and Bott (595) and Thom (711). Palmborg (681) has written a popular discourse on methods of work with problem children. Suggestions for the classroom teacher were given in accounts by Pullias (687) and Campbell (602). Combinations of medical and educational services, as in the Austrian "Heilpedagogik," are of interest in this connection (670). Literature on the conditioning of children's emotions was reviewed by Jones (648). Specific suggestions for a combined manual and verbal technic for the elimination of thumb sucking were described by Hazzard (630). Studies

of the oral insufficiency theory by D. M. Levy (659, 660) are highly suggestive. The relationship between mental hygiene and the habit formations of children was discussed by Held (635). Investigations of tics by Blatz and Ringland (597) and of fears by Jersild and Holmes (643) contained suggestions which are useful in treatment. Language that is directive, unhurried, and approving showed superior efficiency in behavior control in the studies by M. W. Johnson (647). Character education methods concerned with attitudes, problems of group living, and the requirements of citizenship commonly aim at the influence of behavior by direct and indirect instructional technics. Character education may be defined so as to be all-inclusive of mental hygiene or it may be restricted in definition so as to constitute one of the special types of treatment employed. Previous issues of the *Review of Educational Research* are concerned with the research in this area. The relation of special disabilities in school subjects and remedial teaching to mental hygiene has received consideration in other numbers of the *Review* devoted to the psychology of the school subjects. Bradley and Bosquet (598) recommended books for their psychotherapeutic value.

Physical treatment—There are very few disorders commonly deemed non-mental which fail to present mental or behavioral symptoms. In some instances it is not clear whether the physical or mental factor is antecedent. Fritz (621) reviewed 669 references related to the general field of psychodietetics. Studies are surveyed on the relation of nutrition and behavior in such problems as nervousness, anemia, allergy, epilepsy, and hypertension. Investigations by Laird, Levitan, and Wilson (655) and Goodenough (624) are suggestive for behavior control. Addition of glucose to the diet has been reported as partially successful for the treatment of night terrors, car sickness, vomiting, insomnia, sleep walking, and nocturnal enuresis. This work is described in scattered clinical literature and in the systematic text of Henderson and Gillespie (636). The mental hygiene effect of hydrotherapy, diathermy, etc., are discussed from time to time in the *Physiotherapy Review*. The old prescription of rest and relaxation has come in for renewed attention through the researches of Jacobson (640) on progressive relaxation.

Occupational therapy—Occupational therapy has an extended range of treatment possibilities in both institutional and individual work. For practices in the field, readers should consult the *Journal of Occupational Therapy and Rehabilitation*. In this journal J. B. Gordon (627) described presentday methods of treating the mentally sick through occupational therapy which diverts attention and prevents further introversion. In the same journal Cooper (608) described the possibilities of occupational therapy in a child guidance clinic. The Pittsburgh Child Guidance Center used a workshop as an aid (654). The situation is used as a basis for observation, the development of rapport, and treatment. The therapeutic value of labor was emphasized by Chalisov (605). Values of recreational therapy were noted by Davis (611). Systematic treatments stress the importance of a satisfying occupation as a factor in therapy. (See also section on play.)

ILLUSTRATIVE CASE STUDIES

The field of mental hygiene places much dependence upon case material for data and for the development of both explanatory concepts and treatment procedures. *Child Guidance Cases*, edited by Sayles (694) and released for limited circulation among professional workers by the Commonwealth Fund, offers excellent examples of coordinated study and treatment. These cases were presented in detail with the data of the social history, physical examination, psychological examination, psychiatric examination, and the initial interviews with mother or child. Detailed notes were given on treatment conferences among the workers concerned, treatment plans, and summaries of progress. The above book was preceded by more abbreviated and popular accounts of typical children in home and school situations published under the same auspices.

The mental as contrasted to the social approach to criminality receives added support from the report of psychoanalysis of adult prisoners by Alexander and Healy (587). The child's own story was used with unusual success in the various accounts of the delinquency problem by C. R. Shaw (698). With the use of representative cases, Dollard (613) analyzed criteria for the life history.

Through the use of two extended records of work with children, Taft (709) defined a concept of "relationship therapy." Primarily aimed at individual treatment, the relationship is emotional and social rather than intellectual and technical. Her discussion perhaps differs from many of those concerned with mental therapy in a greater unwillingness to speculate on the forces and factors involved in treatment where one person takes a friendly interest in another. M. E. Watson (717) utilized a series of cases to illustrate history taking, interpretation, and technics of treatment.

Practically all of the general texts mentioned in preceding pages contain illustrative cases as do many of the non-quantitative articles concerned with diagnostic and therapeutic methods. It has appeared to be impractical to include many references to the voluminous literature of case studies. Such material may be examined by consulting practically any issue of such journals as the following:

- American Journal of Orthopsychiatry*
- American Journal of Psychiatry*
- International Journal of Individual Psychology*
- International Journal of Psychoanalysis*
- Internationale Zeitschrift für Individual-psychologie*
- Internationale Zeitschrift für Psychoanalyse*
- Journal of Abnormal and Social Psychology*
- Journal of Juvenile Research*
- Mental Hygiene*
- Psychoanalytic Review*
- Psychiatric Quarterly*
- Psychological Clinic*
- Zeitschrift für Kinder Psychiatrie*
- Zeitschrift für psychoanalytische Pädagogik*

A more extensive list of publications of significance to mental hygiene has been prepared by Jenkins (641).

APPRAISAL OF THE EFFECTS OF TREATMENT

It is reassuring that as mental hygiene has established a field and method of work, a literature on appraisal of outcome has gradually grown to meet the many inquiries concerning the effectiveness of treatment work in the areas of social and emotional maladjustment.

Practically unique in its use of both experimental and quantitative methods in this field is a study by Martens and Russ (669). Using a modification of the Haggerty-Olson-Wickman technic, they secured a quantitative appraisal of behavior before and after child guidance clinic treatment extending over a period of two years. A control group assisted in the interpretation of the findings. Granting the difficulties involved in the measurement of change by these technics, it is of interest to note that while the treated group did not show much absolute improvement on the scale, the non-treated group showed marked deterioration.

The most common procedure in appraisal study is to follow up cases after the lapse of a period of years and secure some judgment on their adjustmental status. Even such an appraisal must be conceded to be a large improvement over no attempt to question or appraise results. Controls are urgently needed, although obviously difficult to secure in programs aimed primarily at service. Olson (679) outlined what he considered to be a type of experimental approach to this problem.

Witmer (722) summarized the investigations of a number of persons on the success of treatment in various clinics. A scale from A to E has been used to describe the success of adjustment and percents are reported in terms of types of cases, clinics, and other characteristics of children. The material is difficult to express in brief space because of variations in treatment contacts, length of treatment, variations in intelligence, personality, type of behavior disorders, and parent attitudes. In the average situation apparently about 25 percent of the children show no improvement or deterioration, while something over 40 percent show definite improvement or complete disappearance of the problem.

A statistical study has been made of the success of foster home and reformatory school placement of neglected and delinquent children in Oslo, Norway (589). A number of selective factors appear to affect any practical deduction as to the optimum time for removing a child from his home or the relative efficacy of foster home versus institution placement. The test of success was the number of children convicted after being discharged. About one-third of the boys and only 5 percent of the girls had later convictions during the period of the study. Children removed earlier had fewer convictions than those removed later. Only about one-fifth of the boys who had been placed in families had later offenses as compared with one-half of the boys who were placed in reform school. As might be expected, the figures are dependent upon the seriousness of the case before the period of treatment.

The success of clinic treatment is dependent upon the recommendations made and the extent to which they are carried out. In a follow-up study

Growden (629) concluded that the ratio of success to failure is 7 to 3 if the recommendations are followed, 4 to 5 if partially followed, and only 2 to 8 if not followed. This internal analysis of the evidence is added weight for its acceptance as indicating beneficial results, even though selective factors are undoubtedly operative in the matter of carrying out recommendations.

The Child Guidance Institute in Bucharest reported complete cures for 17 percent of its cases, improvement for 50 percent, continued treatment for 30 percent, no improvement for 14 percent, and 24 percent discontinued (718).

Thom (712) reported improvement in 65 percent of the cases of preschool children treated in a habit clinic. About the same amount of improvement was noted immediately after discharge among adult patients from the Institute of Medical Psychology, London, with a drop to 55 percent after three years (667). States of anxiety and sexual difficulties were most responsive, and success seemed independent of the number of interviews.

The Bureau of Children's Guidance secured appraisals of treatment from parents and on the basis of staff judgment (658:40). The parental estimate was: success, 55 percent; partial success, 34 percent; and failure, 11 percent. Corresponding staff judgments were 48 percent, 31 percent, and 21 percent. An appreciable correlation existed between judgments on individuals by staff and parents.

Carberry (603) included a study of the consistency of judgment regarding the adjustment status in her follow-up of children examined by the California Bureau of Juvenile Research. The parents, teacher, local workers, and Bureau workers were asked to rate the present status of each child. A four-point scale of adjusted, partially adjusted, unimproved, and worse was utilized. Detailed figures on percent agreements were given. Differences in rating tendency indicate the desirability of using judges representing different areas of child contact. On the whole, about 20 percent of the children were regarded as adjusted, about double this number as partially adjusted, and the balance as unimproved or worse.

According to Davidson (610), the prospects of improvement through clinical guidance are improved when the child is young, bright, and in a school grade corresponding to his mental age.

Berk, Lane, and Tandy (592) reported that problems are reduced by about 50 percent in a follow-up of habit clinic children. Improvement is most obvious when the children are normal and superior in intelligence and when the home and agency are cooperative in carrying out recommendations.

The most comprehensive follow-up study of problem children treated through placement in foster families was made in connection with the work of Healy and others (632) of the Judge Baker Foundation. Their figures indicated 80 to 90 percent success in the cases of delinquent children or children with personality and habit problems when they are of normal mentality. These figures were reduced to 50 percent for the small

group of defectives and children with abnormal personalities. Considerable controversy has been caused by the report of the Gluecks (622) on the high percent of recidivism of juvenile court cases, even among those who had been referred to the Judge Baker Clinic. It has been pointed out in this connection, however, that the Clinic was primarily performing a diagnostic service for the court. The court was not equipped for a comprehensive treatment program. Clinically treated cases should be used as a test of the possibilities of the method.

A study by Foster and Anderson (616), in which 100 children were traced after a period of four years, showed that the disappearance of behavior problems is much more likely to occur in home situations which would be described as good.

J. Levy (662) made a year's study of thirty-six children referred to a clinic by schools. The clinic made recommendations concerning academic programs and the social work included parents as well as patients and teachers. Schools were cooperative and it is estimated that the cases treated showed 50 percent improvement.

It is of interest to note the regularity with which improvement is noted in from one-half to two-thirds of the children given intensive treatment. Improvement is particularly marked when the child is good human material, comes from a good home, and when treatment agencies secure cooperation. The picture is perhaps too hopeful for the skeptical scientist. Martens and Russ' study (669) is the only research contacted which has attempted to appraise the progress in a control group. To what extent do children show a reduction in problems with age irrespective of treatment? For what percent of a group of problem children referred on a complaint basis will improvement be noted without treatment when the precipitating circumstances concerned with referral have disappeared? The evidence from clinical judgment must be accepted as establishing a high probability that improvement over and above maturation occurs when treatment programs are instituted. In spite of the scientific difficulties involved in securing comparable controls and valid appraisal instruments, the effort should be made. At least two current programs are attempting such controls.

SUMMARY

Mental hygiene utilizes the generalizations from all fields dealing with human behavior in planning programs that will lead to a maximum of personal integration and social adjustment. It seeks positive mental health as well as the avoidance of overt failures of personal and social breakdown as manifested in mental illness or infractions of law. Mental hygiene is concerned with a field of unquestioned importance. Studies of methods, principles, and results increase in impressiveness. The obligation of the research worker is to seek to refine methods of investigation and to add to the body of verified conclusions. The evidence to date justifies the applied worker in areas of human relationship in adding some information and skill in mental hygiene to his professional armament.

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Chapter VI. Physically and Mentally Exceptional Children

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Russell, James E., Dean Emeritus, Teachers College, Columbia University, New York, New York. (R. F. D. 4, Trenton, New Jersey.)
Russell, William F., Dean, Teachers College, Columbia University, New York, New York.
Terman, Lewis M., Professor of Psychology, Stanford University, California.
Thorndike, E. L., Professor of Education, Columbia University, New York, New York.
Wissler, Clark, Professor of Anthropology, Institute of Human Relations, Yale University, New Haven, Connecticut.
Zook, George F., President, American Council on Education, Washington, D. C.

ACTIVE

- Ade, Lester Kelly, State Superintendent of Public Instruction, Harrisburg, Pennsylvania.
Alexander, Carter, Library Professor, Teachers College, Columbia University, New York, New York.
Allen, Ira M., Superintendent of Schools, Highland Park, Michigan.
Alscherl, Rose H., Director, Winnetka Public School Nursery Unit, Skokie School, Winnetka, Illinois.
Alves, H. F., Senior Specialist in State School Administration, United States Office of Education, Washington, D. C.
Anderson, Earl W., Professor of Education, Bureau of Educational Research, Ohio State University, Columbus, Ohio.
Andrus, Ruth, Chief of Child Development and Parent Education Bureau, State Department of Education, Albany, New York.
Arnold, William E., Assistant Professor of Education, University of Pennsylvania, Philadelphia, Pennsylvania.
Ashbaugh, E. J., Dean, School of Education, Miami University, Oxford, Ohio.
Averill, William A., Instructor in Education, Lesley Normal School, Cambridge, Massachusetts.
Ayer, Fred C., Professor of Educational Administration, University of Texas, Austin, Texas.
Baer, Joseph A., Assistant Supervisor in Office of Research and Finance, State Department of Education, Hartford, Connecticut.
Baker, Harry J., Director, Psychological Clinic, Detroit Public Schools, Detroit, Michigan.
Bamberger, Florence E., Professor of Education, Johns Hopkins University, Baltimore, Maryland.
Barr, A. S., Professor of Education, University of Wisconsin, Madison, Wisconsin.
Barthelmeß, Harriet M., Special Assistant to Director, Division of Educational Research, Board of Education, Philadelphia, Pennsylvania.

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- Barton, W. A., Jr.**, Head, Department of Education, Psychology, and Philosophy, Coker College, Hartsville, South Carolina.
- Beeby, C. E.**, Chief Executive Officer, New Zealand Council for Educational Research, Southern Cross Building, Wellington, C. 1, New Zealand.
- Benjamin, Harold**, Director, Center for Continuation Study, University of Minnesota, Minneapolis, Minnesota.
- Benz, H. E.**, Professor of Education, Ohio University, Athens, Ohio.
- Bergman, W. G.**, Department of Research, Detroit Public Schools, Detroit, Michigan.
- Betts, Emmett Albert**, Director of Teacher Education, State Normal School, Oswego, New York.
- Betts, Gilbert L.**, Director, Curriculum Department, West Allis Public Schools, West Allis, Wisconsin.
- Billett, Roy O.**, Professor of Education, Boston University, Boston, Massachusetts.
- Bixler, Harold H.**, Director of Research and Guidance, Board of Education, City Hall, Atlanta, Georgia.
- Boardman, Charles W.**, Professor of Education, University of Minnesota, Minneapolis, Minnesota.
- Booker, Ivan A.**, Assistant Director, Research Division, National Education Association, Washington, D. C.
- Bowyer, Vernon**, Principal, Skinner School, Chicago, Illinois.
- Boyer, Philip A.**, Director, Division of Educational Research, Administration Building, Philadelphia, Pennsylvania.
- Brainerd, Mrs. Margaret**, 1101 Walnut Street, Martins Ferry, Ohio.
- Branson, Ernest P.**, Counselor, Polytechnic High School, Long Beach, California.
- Breed, Frederick S.**, Associate Professor of Education, University of Chicago, Chicago, Illinois.
- Brewton, John E.**, Director of Research, Board of Education, Louisville, Kentucky.
- Bright, Ira J.**, Superintendent of Schools, Leavenworth, Kansas.
- Bristow, William H.**, General Secretary, National Congress of Parents and Teachers, Washington, D. C.
- Broening, Angela M.**, Assistant Director of Research, Public Schools, Baltimore, Maryland.
- Brooks, Fowler D.**, Head, Departments of Education and Psychology, De Pauw University, Greencastle, Indiana.
- Brown, Clara M.**, Associate Professor of Home Economics Education, University Farm, St. Paul, Minnesota.
- Brown, Edwin J.**, Director, Graduate Division, Kansas State Teachers College, Emporia, Kansas.
- Brownell, S. M.**, Superintendent of Schools, Grosse Pointe Farms, Michigan.
- Brownell, W. A.**, Professor of Educational Psychology, Duke University, Durham, North Carolina.
- Brueckner, Leo J.**, Professor of Elementary Education, University of Minnesota, Minneapolis, Minnesota.
- Brumbaugh, A. J.**, Acting Dean of the College of Education, University of Chicago, Chicago, Illinois.
- Brunner, Edmund deS.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Buckner, C. A.**, Professor of Education, University of Pittsburgh, Pittsburgh, Pennsylvania.
- Buros, Oscar K.**, Assistant Professor of Education, Rutgers University, New Brunswick, New Jersey.
- Burr, Samuel Engle**, Superintendent of Schools, New Castle, Delaware.
- Bursch, James F.**, Assistant Superintendent and Director of Research, Sacramento City Schools, Sacramento, California.
- Buswell, G. T.**, Professor of Educational Psychology, University of Chicago, Chicago, Illinois.
- Butsch, R. L. C.**, Associate Professor of Education, Marquette University, Milwaukee, Wisconsin.
- Butterworth, Julian E.**, Director, Graduate School of Education, Cornell University, Ithaca, New York.
- Caldwell, Otis W.**, General Secretary, American Association for the Advancement of Science, Boyce Thompson Institute, Yonkers, New York.
- Cammack, James W., Jr.**, Member, Public Service Commission, Frankfort, Kentucky.

- Campbell, Doak S.**, Professor of Education, Division of Surveys and Field Studies, George Peabody College for Teachers, Nashville, Tennessee.
- Carr, William G.**, Director, Research Division, National Education Association, Washington, D. C.
- Carroll, Herbert A.**, South Berwick, Maine.
- Caswell, Hollie L.**, Professor of Education, Division of Surveys and Field Studies, George Peabody College for Teachers, Nashville, Tennessee.
- Cattell, Psyche**, Research Fellow, Department of School Hygiene, School of Public Health, Harvard University, Cambridge, Massachusetts.
- Cavins, L. V.**, Director of Research, State Department of Education, Charleston, West Virginia.
- Chambers, M. M.**, Staff Member, American Youth Commission, American Council on Education, Washington, D. C.
- Chapman, Harold B.**, Assistant Director, Bureau of Educational Research, Public Schools, Baltimore, Maryland.
- Charters, W. W.**, Director, Bureau of Educational Research, Ohio State University, Columbus, Ohio.
- Chase, Vernon Emory**, Director, Bureau of Research and Adjustment, Public Schools, Dearborn, Michigan.
- Chisholm, Leslie L.**, Associate Professor of Education, State College of Washington, Pullman, Washington.
- Christofferson, H. C.**, Director of Secondary Education, Miami University, Oxford, Ohio.
- Clapp, Frank L.**, Professor of Education, University of Wisconsin, Madison, Wisconsin.
- Clark, Harold F.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Clark, Zenas R.**, Director of Research, Wilmington Public Schools, Wilmington, Delaware.
- Clem, Orlie M.**, Superintendent of Schools, Owego, Tioga County, New York.
- Cobb, Margaret V.**, National Youth Administration, Manchester, New Hampshire.
- Cocking, Walter D.**, State Commissioner of Education, Nashville, Tennessee.
- Coffey, Wilford L.**, Research Student, Teachers College, Columbia University, New York, New York.
- Connor, William L.**, Chief, Bureau of Educational Research, Board of Education, Cleveland, Ohio.
- Conrad, Herbert S.**, Assistant Professor of Education, University of California, Berkeley, California.
- Cooke, Dennis H.**, Professor of School Administration, George Peabody College for Teachers, Nashville, Tennessee.
- Coon, Beulah L.**, Agent for Studies and Research in Home Economics Education, United States Office of Education, Washington, D. C.
- Cooper, Lewis B.**, Director of Research, Texas State Teachers Association, Fort Worth, Texas.
- Cornell, Ethel L.**, Research Associate, Educational Research Division, State Department of Education, Albany, New York.
- Counts, George S.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Courtis, S. A.**, Professor of Education, University of Michigan, Ann Arbor, Michigan.
- Coxe, W. W.**, Director, Educational Research Division, State Department of Education, Albany, New York.
- Coy, Genevieve L.**, Psychologist, Dalton School, New York, New York.
- Craig, Gerald S.**, Associate Professor, Natural Sciences, Teachers College, Columbia University, New York, New York.
- Crawford, C. C.**, Professor of Education, University of Southern California, Los Angeles, California.
- Cureton, Edward E.**, Associate Professor of Education, Alabama Polytechnic Institute, Auburn, Alabama.
- Cutright, Prudence**, Assistant Superintendent, Minneapolis Public Schools, Minneapolis, Minnesota.
- Cutts, Norma E.**, Supervisor, Department of Exceptional Children, Board of Education, New Haven, Connecticut.

- Dale, Edgar**, Associate Professor, College of Education, Ohio State University, Columbus, Ohio.
- Davis, Hazel**, Assistant Director, Research Division, National Education Association, Washington, D. C.
- Davis, Mary Dabney**, Senior Specialist, Nursery-Kindergarten-Primary Education, United States Office of Education, Washington, D. C.
- Dearborn, Ned H.**, Dean, Division of General Education, New York University, New York, New York.
- Deffenbaugh, Walter S.**, Chief, American School Systems Division, United States Office of Education, Washington, D. C.
- DeVoss, J. C.**, Dean, Upper Division, San Jose State College, San Jose, California.
- Dickson, Virgil E.**, Superintendent of Schools, Berkeley, California.
- Dolch, E. W.**, Assistant Professor of Education, University of Illinois, Urbana, Illinois.
- Douglass, Harl R.**, Professor of Secondary Education, University of Minnesota, Minneapolis, Minnesota.
- Downing, Elliot R.**, Associate Professor Emeritus, the Teaching of Science, University of Chicago, Chicago, Illinois. (P. O. Box 147, Williams Bay, Wisconsin.)
- Downs, Martha**, Director of Research, New Jersey State Normal School, Newark, New Jersey.
- Dunlap, Jack W.**, Associate Professor, Graduate School, Fordham University, New York, New York.
- Durost, Walter N.**, Test Editor, World Book Company, Yonkers, New York.
- Durrell, Donald D.**, Professor of Education, Boston University, Boston, Massachusetts.
- Eads, Laura Krieger**, Research Associate, Erpi Picture Consultants, Inc., New York, New York.
- Easley, Howard**, Assistant Professor of Educational Psychology, Duke University, Durham, North Carolina.
- Edmiston, Robert Wentz**, Director of Extension, Miami University, Oxford, Ohio.
- Edmonson, James B.**, Dean, School of Education, University of Michigan, Ann Arbor, Michigan.
- Edwards, Newton**, Professor of Education, University of Chicago, Chicago, Illinois.
- Eells, Walter C.**, Coordinator, Cooperative Study of Secondary School Standards, 744 Jackson Place, N. W., Washington, D. C.
- Ellingson, Mark**, President, Rochester Athenaeum and Mechanical Institute, Rochester, New York.
- Elliott, Charles H.**, Commissioner of Education for New Jersey, Trenton, New Jersey.
- Elliott, Eugene B.**, State Superintendent of Public Instruction, Lansing, Michigan.
- Elsbree, Willard S.**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Engelhardt, N. L.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Eurich, Alvin C.**, Assistant Dean, College of Education, University of Minnesota, Minneapolis, Minnesota.
- Evenden, Edward S.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Feder, Daniel D.**, Associate, Psychology and Personnel, University of Iowa, Iowa City, Iowa.
- Ferriss, Emery N.**, Professor of Education, Rural Educational Department, Cornell University, Ithaca, New York.
- Flanagan, John C.**, Statistician, Cooperative Test Service of the American Council on Education, New York, New York. (500 West 116th Street.)
- Flemming, Mrs. Cecile White**, Director of Individual Development and Guidance, Teachers College, Columbia University, New York, New York.
- Foote, John M.**, Director, Reference and Service, State Department of Education, Baton Rouge, Louisiana.
- Foster, Richard R.**, Assistant Director, Research Division, National Education Association, Washington, D. C.
- Fowlkes, John G.**, Professor of Education, University of Wisconsin, Madison, Wisconsin.
- Fox, Guy**, Assistant Director, Research and Curriculum, Denver Public Schools, Denver, Colorado.

- Franklin, E. E.**, Associate in Education, Johns Hopkins University, Baltimore, Maryland.
- Frederick, Orie I.**, Associate Professor of Secondary Education, University of Mississippi, University, Mississippi.
- Freeman, Frank N.**, Professor of Educational Psychology, Department of Education, University of Chicago, Chicago, Illinois.
- Fritz, Ralph A.**, Professor of Education, Kansas State Teachers College, Pittsburg, Kansas.
- Frostic, Fred W.**, Superintendent of Schools, Wyandotte, Michigan.
- Frutchey, Fred P.**, Assistant Professor, Bureau of Educational Research, Ohio State University, Columbus, Ohio.
- Fulk, Joseph Richard**, Professor of Public School Administration, College of Education, University of Florida, Gainesville, Florida.
- Gambrill, Bessie L.**, Associate Professor, Elementary Education, Yale University, New Haven, Connecticut.
- Ganders, Harry S.**, Dean, School of Education, Syracuse University, Syracuse, New York.
- Gans, Roma**, Associate in Elementary Education, Teachers College, Columbia University, New York, New York.
- Garrison, K. C.**, Professor of Psychology, University of North Carolina, Raleigh, North Carolina.
- Garrison, S. C.**, Professor of Educational Psychology and Dean of the Graduate School, George Peabody College for Teachers, Nashville, Tennessee.
- Garver, F. M.**, Professor of Elementary Education, University of Pennsylvania, Philadelphia, Pennsylvania.
- Gates, Arthur I.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Gerberich, J. R.**, Associate Director, Project in Research in Universities, United States Office of Education, Washington, D. C.
- Geyer, Denton L.**, Head of Department of Education, Chicago Normal College, Chicago, Illinois.
- Gifford, C. W.**, Chairman, Department of Psychology, Wright City Junior College, Chicago, Illinois.
- Gillet, Harry O.**, Principal, Elementary School, University of Chicago, Chicago, Illinois.
- Gilmore, Charles H.**, Director of Research, State Department of Education, Nashville, Tennessee.
- Glenn, Earl R.**, Head of Science Department, New Jersey State Teachers College, Montclair, New Jersey.
- Goldthorpe, J. Harold**, Professor of Education, University of Rochester, Rochester, New York.
- Good, Carter V.**, Professor of Education, Teachers College, University of Cincinnati, Cincinnati, Ohio.
- Goodrich, T. V.**, Director of Research, Public Schools, Lincoln, Nebraska.
- Goodykoontz, Bess**, Assistant Commissioner of Education, United States Office of Education, Washington, D. C.
- Gordon, Hans C.**, Special Assistant to the Director of Educational Research, Board of Education, Philadelphia, Pennsylvania.
- Gray, C. T.**, Professor of Educational Psychology, University of Texas, Austin, Texas.
- Gray, Howard A.**, Research Associate, Erpi Picture Consultants, Inc., New York, New York.
- Gray, Robert Floyd**, Director, Bureau of Research, Evening Schools, and Adult Education, Board of Education, San Francisco, California.
- Gray, William S.**, Professor of Education and Secretary, Committee on the Preparation of Teachers, Department of Education, University of Chicago, Chicago, Illinois.
- Greenberg, Benjamin B.**, Assistant Superintendent of Schools, New York, New York.
- Greene, Crawford**, Director, Information and Service, State Department of Education, Little Rock, Arkansas.
- Greene, H. A.**, Director, Bureau of Educational Research, Extension Division, University of Iowa, Iowa City, Iowa.
- Gregory, Marshall**, Director, Division of Finance and Research, State Department of Public Instruction, Oklahoma City, Oklahoma.

- Grossnickle, Foster E.**, Professor of Mathematics, State Teachers College, Jersey City, New Jersey.
- Grover, Elbridge C.**, Superintendent of Schools, Euclid, Ohio.
- Guiler, Walter S.**, Professor of Education and Director of Remedial Instruction, Miami University, Oxford, Ohio.
- Haggerty, M. E.**, Dean, College of Education, University of Minnesota, Minneapolis, Minnesota.
- Hanna, Paul R.**, Associate Professor, Stanford University, California.
- Hanson, Whittier L.**, Professor of Education, School of Education, Boston University, Boston, Massachusetts.
- Harap, Henry**, Professor of Education, Bureau of Educational Research, Ohio State University, Columbus, Ohio.
- Harrington, H. L.**, Supervising Director of Intermediate Schools, Detroit Public Schools, Detroit, Michigan.
- Harry, David P., Jr.**, Associate Professor of Education, Graduate School, Western Reserve University, Cleveland, Ohio.
- Hartmann, George W.**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Heaton, Kenneth L.**, Director, Division of Curriculum Research, State Department of Public Instruction, Lansing, Michigan.
- Heck, Arch O.**, Professor of Education, Ohio State University, Columbus, Ohio.
- Heilman, J. D.**, Director of Personnel Department and Professor of Educational Psychology, Colorado State Teachers College, Greeley, Colorado.
- Henmon, V. A. C.**, Professor of Psychology, University of Wisconsin, Madison, Wisconsin.
- Henry, Nelson B.**, Associate Professor of Education, School of Education, University of Chicago, Chicago, Illinois.
- Hertzberg, Oscar Edward**, Head, Department of Psychology and Director of Research, State Teachers College, Buffalo, New York.
- Hertzler, Silas**, Director of Teacher Training, Goshen College, Goshen, Indiana.
- Hicks, J. Allan**, Professor of Education, New York State College for Teachers, Albany, New York.
- Hildreth, Gertrude**, Psychologist, Lincoln School of Teachers College, Columbia University, New York, New York.
- Hockett, John A.**, Department of Education, University of California, Berkeley, California.
- Hoke, K. J.**, Dean, College of Education, College of William and Mary, Williamsburg, Virginia.
- Hollingsworth, Leta S.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Holy, T. C.**, Bureau of Educational Research, Ohio State University, Columbus, Ohio.
- Hopkins, L. Thomas**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Horan, Ellamay**, Professor of Education, De Paul University, Chicago, Illinois.
- Horn, Ernest**, Professor of Education, State University of Iowa, Iowa City, Iowa.
- Hubbard, Frank W.**, Associate Director, Research Division, National Education Association, Washington, D. C.
- Hughes, W. Hardin**, Research Consultant in Education, Pasadena Junior College, Pasadena, California.
- Hurd, A. W.**, Associate Professor of Education, Northern Montana College, Havre, Montana.
- Hyde, Richard E.**, Acting Director of Research, State Department of Education, Charleston, West Virginia.
- Irby, Nolen M.**, State Supervisor of Colored Schools, State Department of Education, Little Rock, Arkansas.
- Irwin, Manley E.**, Director, Department of Instruction, Detroit Public Schools, Detroit, Michigan.
- Jacobs, Clara M.**, Director of Educational Research, Centennial High School Building, Pueblo, Colorado.
- Jensen, Kai**, Associate Professor of Education, University of Wisconsin, Madison, Wisconsin.
- Jersild, Arthur T.**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.

- Jessen, Carl A.**, Senior Specialist in Secondary Education, United States Office of Education, Washington, D. C.
- Job, Leonard B.**, President, Ithaca College, Ithaca, New York.
- Johnson, George R.**, Director, Division of Tests and Measurements, Board of Education, St. Louis, Missouri.
- Johnson, J. T.**, Head, Department of Mathematics, Chicago Normal College, Chicago, Illinois.
- Johnson, Loaz W.**, Graduate Student, University of California, Berkeley, California.
- Johnson, Palmer O.**, Associate Professor of Education, College of Education, University of Minnesota, Minneapolis, Minnesota.
- Johnston, Edgar Grant**, Principal, University High School, University of Michigan, Ann Arbor, Michigan.
- Jones, Arthur J.**, Professor of Secondary Education, University of Pennsylvania, Philadelphia, Pennsylvania.
- Jones, Harold E.**, Professor of Psychology, and Director, Institute of Child Welfare, University of California, Berkeley, California.
- Jordan, A. M.**, Professor of Educational Psychology, School of Education, University of North Carolina, Chapel Hill, North Carolina.
- Jorensen, A. N.**, President, Connecticut State College, Storrs, Connecticut.
- Kawin, Ethel**, Psychologist, Laboratory Schools, University of Chicago, Chicago, Illinois.
- Kearney, Leo I.**, Assistant Director, Reference, Research, and Statistics, Board of Education, New York, New York.
- Keeler, Louis Ward**, Associate Professor of Educational Psychology, University of Michigan, Ann Arbor, Michigan.
- Keener, E. E.**, Principal, John Hay School, Chicago, Illinois.
- Kelley, Truman L.**, Professor of Education, Graduate School of Education, Lawrence Hall, Harvard University, Cambridge, Massachusetts.
- Kelley, Victor H.**, Assistant Director of Research and Guidance, Phoenix Union High School, Phoenix, Arizona.
- Kelly, Fred J.**, Chief, Division of Higher Education, United States Office of Education, Washington, D. C.
- Kemmerer, W. W.**, Director of Child Accounting and Curriculum, Independent School District, Houston, Texas.
- Keys, Noel**, Associate Professor of Education, University of California, Berkeley, California.
- Kingsley, John H.**, Director, Division of Research, Board of Education, Albany, New York.
- Kirby, T. J.**, Professor of Education, College of Education, State University of Iowa, Iowa City, Iowa.
- Knight, F. B.**, Professor of Education and Psychology, University of Iowa, Iowa City, Iowa.
- Knudsen, C. W.**, Lecturer in Secondary Education, Graduate School of Education, Lawrence Hall, Harvard University, Cambridge, Massachusetts.
- Koch, Harlan C.**, Assistant Director, Bureau of Cooperation, University of Michigan, Ann Arbor, Michigan.
- Koopman, G. Robert**, Associate Director, Division of Curriculum Research, State Department of Public Instruction, Lansing, Michigan.
- Koos, L. V.**, Professor of Secondary Education, University of Chicago, Chicago, Illinois.
- Kramer, Grace A.**, Baltimore Public Schools, Baltimore, Maryland.
- Kyte, George C.**, Professor of Education, University of California, Berkeley, California.
- Larson, Emil L.**, Professor of Education, University of Arizona, Tucson, Arizona.
- LaSalle, Jessie**, Assistant Superintendent in Charge of Educational Research, D. C. Public Schools, Washington, D. C.
- Latham, O. R.**, President, Iowa State Teachers College, Cedar Falls, Iowa.
- Lee, J. Murray**, Director of Curriculum and Research, Burbank City Schools, Burbank, California.
- Lehman, Harvey C.**, Professor of Psychology, Ohio University, Athens, Ohio.
- Lentz, Theodore F.**, Director, Character Research Institute, Washington University, St. Louis, Missouri.

- Leonard J. Paul**, Professor of Education, College of William and Mary, Williamsburg, Virginia.
- Lide, Edwin S.**, Sullivan High School, Chicago, Illinois.
- Lincoln, Edward A.**, Consulting Psychologist, Harvard Graduate School of Education, Harvard University, Cambridge, Massachusetts.
- Lindquist, E. F.**, Associate Professor of Education, State University of Iowa, Iowa City, Iowa.
- Linn, Henry H.**, Business Manager, Board of Education, Muskegon, Michigan.
- Loomis, Arthur K.**, Superintendent of Schools, Shaker Heights, Ohio.
- Lovejoy, Philip**, First Assistant Secretary, Rotary International, Chicago, Illinois.
- MacLatchy, Josephine**, Bureau of Educational Research, Ohio State University, Columbus, Ohio.
- Madsen, I. N.**, Director, Department of Tests and Measurements, Lewiston State Normal School, Lewiston, Idaho.
- Maller, Julius B.**, Research Associate, Teachers College, Columbia University, New York, New York.
- Mallory, Clara**, Professor of Education, Lamar Junior College, Beaumont, Texas.
- Malmborg, C. F.**, Acting Head, Department of Psychology, Illinois State Normal University, Normal, Illinois.
- Mann, Carleton H.**, Lecturer in Education, University of Southern California, Los Angeles, California.
- Manuel, H. T.**, Professor of Educational Psychology, University of Texas, Austin, Texas.
- Masters, Harry V.**, Dean, College of Education, Drake University, Des Moines, Iowa.
- Mathews, C. O.**, Professor of Education, Ohio Wesleyan University, Delaware, Ohio.
- McCall, William A.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- McClure, Worth**, Superintendent of Schools, Seattle, Washington.
- McDowell, Elizabeth D.**, Associate Professor of Speech, Teachers College, Columbia University, New York, New York.
- McLaughlin, Katherine L.**, Associate Professor of Education, University of California at Los Angeles, Los Angeles, California.
- McLure, John R.**, Professor of Educational Administration, University of Alabama, University, Alabama.
- Mead, A. R.**, Director of Educational Research, University of Florida, Gainesville, Florida.
- Meek, Lois Hayden**, Director, Child Development Institute, Teachers College, Columbia University, New York, New York.
- Melby, Ernest O.**, Dean, School of Education, Northwestern University, Evanston, Illinois.
- Melcher, George**, Superintendent of Schools, Kansas City, Missouri.
- Mendenhall, James E.**, Research Associate, Lincoln School of Teachers College, Columbia University, New York, New York.
- Merriam, Junius L.**, Professor of Education, University of California, Los Angeles, California.
- Merriman, Curtis**, Registrar, University of Wisconsin, Madison, Wisconsin.
- Miller, Chester F.**, Superintendent of Schools, Saginaw, Michigan.
- Miller, W. S.**, Professor of Educational Psychology, University of Minnesota, Minneapolis, Minnesota.
- Moehlman, Arthur B.**, Professor of School Administration and Supervision, University of Michigan, Ann Arbor, Michigan.
- Monroe, W. S.**, Director, Bureau of Educational Research, University of Illinois, Urbana, Illinois.
- Moore, Clyde B.**, Professor in the Graduate School of Education, Cornell University, Ithaca, New York.
- Morgan, Walter E.**, Assistant Superintendent of Public Instruction and Chief, Division of Research and Statistics, State Department of Education, Sacramento, California.
- Morphet, Edgar L.**, Associate Director, Local School Units Project, United States Office of Education, Washington, D. C.
- Morphett, Mabel Vogel**, Director of Research, Skokie School, Winnetka, Illinois.

- Morrison, J. Cayce**, Assistant Commissioner for Elementary Education, State Department of Education, Albany, New York.
- Mort, Paul R.**, Director of the Advanced School of Education, Teachers College, Columbia University, New York, New York.
- Morton, R. L.**, Professor of Education, Ohio University, Athens, Ohio.
- Mosher, Raymond M.**, Professor of Psychology, State College, San Jose, California.
- Munson, Saron E.**, Director of Research, School District of Lancaster, Lancaster, Pennsylvania.
- Myers, Anna G.**, Assistant Director of Research, Public Schools, Kansas City, Missouri.
- Myers, Charles Everett**, Supervisor, Research and Finance, Board of Education, Richmond, Virginia.
- Myers, Garry C.**, Head, Department of Parent Education, Cleveland College, Western Reserve University, Cleveland, Ohio.
- Nelson, M. J.**, Dean of the Faculty, Iowa State Teachers College, Cedar Falls, Iowa.
- Nelson, Milton G.**, Dean, New York State College for Teachers, Albany, New York.
- Newkirk, Louis V.**, Director, Industrial Arts, Board of Education, Chicago, Illinois.
- Newland, T. Ernest**, Assistant Professor of Education, Bucknell University, Lewisburg, Pennsylvania.
- Nifenecker, Eugene A.**, Director, Bureau of Reference, Research, and Statistics, Board of Education, New York, New York.
- Noble, Stuart G.**, Professor of Education, Tulane University, New Orleans, Louisiana.
- Norton, John K.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Norton, Mrs. John K.**, 464 Riverside Drive, Apt. 91, New York, New York.
- O'Brien, F. P.**, Director, Bureau of School Service and Research, University of Kansas, Lawrence, Kansas.
- Odell, C. W.**, Associate Professor of Education, University of Illinois, Urbana, Illinois.
- Ogan, R. W.**, Professor of Education, Muskingum College, New Concord, Ohio.
- Ojemann, R. H.**, Assistant Professor, Iowa Child Welfare Research Station, State University of Iowa, Iowa City, Iowa.
- Olson, W. C.**, Director of Research in Child Development and Professor of Education, School of Education, University of Michigan, Ann Arbor, Michigan.
- Oppenheimer, J. J.**, Dean of College of Liberal Arts, University of Louisville, Louisville, Kentucky.
- O'Rear, F. B.**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Orleans, Jacob S.**, Associate Professor of Education, College of the City of New York, New York.
- O'Rourke, L. J.**, Director of Research in Personnel Administration, United States Civil Service Commission, Washington, D. C.
- Osburn, W. J.**, Professor of Education, University of Washington, Seattle, Washington.
- Otis, Arthur S.**, Editorial Consultant, World Book Company, Yonkers, New York.
- Otto, Henry J.**, Consultant in Education, W. K. Kellogg Foundation, Battle Creek, Michigan.
- Parsons, Rhey Boyd**, Associate Professor of Education, Florida State College for Women, Tallahassee, Florida.
- Paul, Joseph B.**, Director of Research, Iowa State Teachers College, Cedar Falls, Iowa.
- Peik, W. E.**, Professor of Education, University of Minnesota, Minneapolis, Minnesota.
- Perry, Winona M.**, Professor of Educational Psychology and Measurements, University of Nebraska, Lincoln, Nebraska.
- Peters, Charles C.**, Director of Educational Research, Pennsylvania State College, State College, Pennsylvania.
- Peterson, Elmer T.**, Professor of Education, College of Education, University of Iowa, Iowa City, Iowa.
- Phillips, Albert J.**, Executive Secretary, Michigan Education Association, Lansing, Michigan.
- Potter, Mary A.**, Supervisor of Mathematics, Washington Park High School, Racine, Wisconsin.

- Potthoff, Edward F.**, Assistant Professor of Education, University of Illinois, Urbana, Illinois.
- Powers, S. R.**, Professor of Natural Sciences, Teachers College, Columbia University, New York, New York.
- Prall, Charles E.**, Dean, School of Education, University of Pittsburgh, Pittsburgh, Pennsylvania.
- Prescott, D. A.**, Professor of Education, Rutgers University, New Brunswick, New Jersey.
- Pressey, S. L.**, Professor of Educational Psychology, College of Education, Ohio State University, Columbus, Ohio.
- Price, Malcolm P.**, Chairman, Personnel Committee, Detroit Public Schools, Detroit, Michigan.
- Proffitt, Maris M.**, Educational Consultant and Specialist in Guidance and Industrial Education, United States Office of Education, Washington, D. C.
- Rankin, Paul T.**, Supervising Director, Curriculum and Research, Public Schools, Detroit, Michigan.
- Reavis, W. C.**, Professor of Education, University of Chicago, Chicago, Illinois.
- Reed, H. B.**, Professor of Psychology, Fort Hays Kansas State College, Hays, Kansas.
- Reeder, Ward G.**, Professor of School Administration, Ohio State University, Columbus, Ohio.
- Reeves, Floyd W.**, Professor of Education, University of Chicago, Chicago, Illinois.
- Remmers, H. H.**, Professor of Education and Psychology, Purdue University, Lafayette, Indiana.
- Remmlein, Madaline Kinter**, Research Assistant, National Education Association, Washington, D. C.
- Reusser, Walter C.**, Professor of Education, University of Wyoming, Laramie, Wyoming.
- Richey, Herman G.**, Assistant Professor of Education, University of Chicago, Chicago, Illinois.
- Rinsland, H. D.**, Professor of School Measurements, University of Oklahoma, Norman, Oklahoma.
- Rogers, Don C.**, Director, Bureau of Research and Building Survey, Board of Education, Chicago, Illinois.
- Rosenlof, George W.**, Professor of Secondary Education, University of Nebraska, Lincoln, Nebraska.
- Rothney, John W. M.**, Research Associate, Psycho-Educational Clinic, Harvard University, Cambridge, Massachusetts.
- Rowland, W. T., Jr.**, Assistant Superintendent in Charge of Secondary Education, Louisville Public Schools, Louisville, Kentucky.
- Royer, Elmer B.**, Technical Assistant in Mathematics, Research Department, The Proctor and Gamble Company, Ivorydale, Ohio.
- Ruch, G. M.**, Scott, Foresman and Company, Chicago, Illinois.
- Rugg, Earle U.**, Head, Division of Education, Colorado State College of Education, Greeley, Colorado.
- Rugg, Harold**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Rulon, Phillip J.**, Assistant Professor of Education, Harvard University, Cambridge, Massachusetts.
- Russell, John Dale**, Associate Professor of Education, University of Chicago, Chicago, Illinois.
- Sackett, Everett B.**, Research Associate, Regents' Inquiry, Albany, New York.
- Sanchez, George I.**, Educational Consultant, Julius Rosenwald Fund, Chicago, Illinois.
- Sangren, Paul V.**, President, Western State Teachers College, Kalamazoo, Michigan.
- Sawyer, Guy E.**, Chadds Ford, Pennsylvania.
- Scates, Douglas E.**, Director of School Research, Cincinnati Public Schools, Cincinnati, Ohio.
- Schorling, Raleigh**, Professor of Education and Director of Instruction, University High School, University of Michigan, Ann Arbor, Michigan.
- Schrammel, H. E.**, Director, Bureau of Educational Measurements, Kansas State Teachers College, Emporia, Kansas.
- Sears, Jesse B.**, Professor of Education, Stanford University, California.

- Segel, David**, Specialist, Tests and Measurements, United States Office of Education, Washington, D. C.
- Senour, A. C.**, Assistant Superintendent, Public Schools, East Chicago, Indiana.
- Shea, James T.**, Director, Curriculum and Research, Board of Education, San Antonio, Texas.
- Simpson, Alfred D.**, Assistant Commissioner of Education for Finance, State Department of Education, Albany, New York.
- Simpson, B. R.**, Professor of Educational Psychology, Western Reserve University, Cleveland, Ohio.
- Sims, Verner M.**, Associate Professor of Psychology, College of Education, University of Alabama, University, Alabama.
- Singleton, Gordon G.**, Dean of Education, Mercer University, Macon, Georgia.
- Smith, Dora V.**, Associate Professor in Education, College of Education, University of Minnesota, Minneapolis, Minnesota.
- Smith, H. L.**, Dean, School of Education, Indiana University, Bloomington, Indiana.
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- Snyder, Agnes**, Assistant Professor of Education, New College, Teachers College, Columbia University, New York, New York.
- Soper, Wayne W.**, Research Associate, State Department of Education, Albany, New York.
- Spaulding, Francis T.**, Associate Professor of Education, Harvard University, Cambridge, Massachusetts.
- Spencer, Peter L.**, Professor of Education, Claremont Colleges, Claremont, California.
- Starbuck, Edwin D.**, Director of the Institute of Character Research, University of Southern California, Los Angeles, California.
- Stenquist, John L.**, Director, Bureau of Educational Research, Baltimore Public Schools, Baltimore, Maryland.
- Stern, Bessie C.**, Statistician, State Department of Education, Baltimore, Maryland.
- Stoddard, George D.**, Dean, Graduate College, University of Iowa, Iowa City, Iowa.
- Stoke, Stuart M.**, Chairman of Education Department, Mount Holyoke College, South Hadley, Massachusetts.
- Stokes, C. Newton**, Chairman of Mathematics Department, Temple University, Philadelphia, Pennsylvania.
- Strachan, Lexie**, Psychologist, Public Schools, Kansas City, Missouri.
- Strang, Ruth M.**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Stratemeyer, Florence B.**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Strayer, George D.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Strayer, George D., Jr.**, Professor of Education, George Peabody College for Teachers, Nashville, Tennessee.
- Streitz, Ruth**, Professor of Education, University of Cincinnati, Cincinnati, Ohio.
- Sumstine, David R.**, Director, Department of Curriculum Study and Research, Public Schools, Pittsburgh, Pennsylvania.
- Sutton, D. H.**, Director, Division of School Finance, State Department of Education, Columbus, Ohio.
- Swift, Fletcher Harper**, Professor of Education, University of California, Berkeley, California.
- Symonds, Percival M.**, Professor of Education, Teachers College, Columbia University, New York, New York.
- Terry, Paul W.**, Professor of Educational Psychology, University of Alabama, University, Alabama.
- Theisen, W. W.**, Assistant Superintendent of Schools, Milwaukee, Wisconsin.
- Thurber, Clarence Howe**, President, University of Redlands, Redlands, California.
- Tidwell, Robert E.**, Director of Extension and Professor of Education, University of Alabama, University, Alabama.
- Tiegs, Ernest W.**, Dean, University College, University of Southern California, Los Angeles, California.
- Tilton, J. Warren**, Associate Professor of Educational Psychology, Department of Education, Yale University, New Haven, Connecticut.
- Tink, Edmund L.**, Superintendent of Schools, Kearny, New Jersey.

- Toops, Herbert A.**, Professor of Psychology, Department of Psychology, Ohio State University, Columbus, Ohio.
- Torgerson, T. L.**, Associate Professor of Education, University of Wisconsin, Madison, Wisconsin.
- Tormey, T. J.**, President, Arizona State Teachers College, Flagstaff, Arizona.
- Townsend, M. Ernest**, President, State Normal School, Newark, New Jersey.
- Trabue, M. R.**, Director, Division of Education, University of North Carolina, Chapel Hill, North Carolina.
- Trow, William Clark**, Professor of Educational Psychology, University of Michigan, Ann Arbor, Michigan.
- Turney, Austin Henry**, Associate Professor of Education, University of Kansas, Lawrence, Kansas.
- Tyler, Ralph W.**, Professor of Education, Bureau of Educational Research, Ohio State University, Columbus, Ohio.
- Tyler, Tracy Ferris**, Room 308, One Madison Ave., New York, New York.
- Uhl, Willie L.**, Professor of Education and Dean, School of Education, University of Washington, Seattle, Washington.
- Umstattd, J. G.**, Associate Professor of Education and Supervisor in Secondary Education, Wayne University, Detroit, Michigan.
- Updegraff, Harlan**, American Youth Commission, American Council on Education, Washington, D. C.
- Upshall, Charles Cecil**, Director, Bureau of Research, State Normal School, Bellingham, Washington.
- Van Wagenen, M. J.**, Assistant Professor of Educational Psychology, University of Minnesota, Minneapolis, Minnesota.
- Vreeland, Wendell**, Director, Division of University Research and Finance, Wayne University, Detroit, Michigan.
- Walker, Helen M.**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Waples, Douglas**, Professor of Educational Method, Graduate Library School, University of Chicago, Chicago, Illinois.
- Washburne, Carleton W.**, Superintendent of Schools, Winnetka, Illinois.
- Washburne, John N.**, Associate Professor of Educational Psychology, Syracuse University, Syracuse, New York.
- Waterman, Ivan R.**, Chief, Division of Textbooks and Publications, California State Department of Education, Sacramento, California.
- Watkins, Ralph K.**, Professor of Education, University of Missouri, Columbia, Missouri.
- Watson, Goodwin**, Associate Professor of Education, Teachers College, Columbia University, New York, New York.
- Webb, Paul E.**, Director of Research, Los Angeles City Schools, Los Angeles, California.
- Weidemann, Charles C.**, Associate Professor of Education, Ohio State University, Columbus, Ohio.
- Welles, J. B.**, Principal, State Normal School, Geneseo, New York.
- West, Paul V.**, Professor of Education, New York University, New York, New York.
- Wheat, Harry G.**, Professor of Education, West Virginia University, Morgantown, West Virginia.
- Williams, J. Harold**, Professor of Education and Dean of Summer Session, University of California at Los Angeles, Los Angeles, California.
- Willing, M. H.**, Professor of Education, University of Wisconsin, Madison, Wisconsin.
- Wilson, Guy M.**, Professor of Education, Boston University, Boston, Massachusetts.
- Wilson, W. K.**, Assistant, School Building and Grounds Division, State Department of Education, Albany, New York.
- Witham, Ernest C.**, Associate Professor of Education, Rutgers University, New Brunswick, New Jersey.
- Witty, Paul A.**, Professor of Education, Northwestern University, Evanston, Illinois.
- Wood, Ben D.**, Associate Professor of Collegiate Research, Columbia University, New York, New York.
- Wood, E. R.**, Associate Professor of Psychology, New York University, New York, New York.

- Woods, Elizabeth L.**, Supervisor, Educational Research and Guidance Section, Chamber of Commerce, Los Angeles, California.
- Woods, Roy C.**, Professor of Education, Marshall College, Huntington, West Virginia.
- Woody, Clifford**, Director, Bureau of Educational Reference and Research, University of Michigan, Ann Arbor, Michigan.
- Worcester, D. A.**, Head, Department of Educational Psychology and Measurements, University of Nebraska, Lincoln, Nebraska.
- Wray, Robert P.**, Instructor in Mathematics, Crafton School, Crafton, Pennsylvania.
- Wrenn, C. Gilbert**, Assistant Director of the General College and Associate Professor of Education, University of Minnesota, Minneapolis, Minnesota.
- Wright, Wendell W.**, Professor of Education, Indiana University, Bloomington, Indiana.
- Wrightstone, J. Wayne**, Research Associate, Teachers College, Columbia University, New York, New York.
- Yates, Mrs. Dorothy H.**, Associate Professor of Psychology, San Jose State College, San Jose, California.
- Yeager, William A.**, Professor of Administration, University of Pittsburgh, Pittsburgh, Pennsylvania.
- Young, William E.**, Assistant Professor, School of Education, Syracuse University, Syracuse, New York.
- Zirbes, Laura**, Professor of Education, Ohio State University, Columbus, Ohio.

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